

Ordering repeat medication as a Carer/Parent of an Adult or a 14 + year old child

To use the on-line repeat prescription ordering service run by **systmonline**, either as a Carer/Parent of an Adult or 14+ year old child, you will first need to obtain the consent of the patient. There is a form to complete.

You can request a form from Reception or you can find and print it from the website

- Go to the Chipping Surgery website, as usual. <http://www.thechippingsurgery.co.uk>
- On the right hand side of the home page is a heading '**Further Information**'
- Look for the sub heading '**Carer's Area**'.
- **Click on it.**

Further Information
GP Earnings
Flu Vaccinations 2017/18
Text Message Reminders
Accessibility Information
Choice+ Centre
Care Quality Commission
Self-Management of Pain
Useful health links
Carers Area
Alcohol Questionnaire

- **In the 'Carers Area'** there is an active link to '**download the consent form here**'. Click this link.

Carers Area

Have you registered as a Carer?

The Chipping Surgery is Supporting Carers

If you look after someone you may be entitled to a range of support. As a GP Practice we have a role in supporting carers' health at agencies and local voluntary sector organisations to identify an appropriate practice.

[To read more download the Carer UK leaflet here](#)

A patient needs to give consent to allow their carer to have access to their medical records. [Download the consent form here](#)

[Positive Caring Programme - Learning Development](#)

- This displays a consent form as shown. Complete this form together with the patient / child for whom you care, and hand the form in to the surgery.
- The form will be reviewed by one of the GPs and their signature added.

The Chipping Surgery

A carer is someone of any age who provides unpaid support to family or friends who could not manage without this help. This could be looking after their partner, child, family member or friend who is ill, frail, disabled or has mental health, or substance misuse problems.

Agreement by a patient to allow their carer to have access to their Personal Details and / or Copies of Correspondence.

Patient's Name:			
Patient's Address:		Postcode	
Telephone number:			

To: The Chipping Surgery,

I give permission for my carer, (insert name) _____, to have access to my personal details and medical records held by the Practice.

Please indicate the permission below:

<i>This permission relates to all my records.</i>	Yes / No
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<i>The permission relates to part of my records.</i>	Yes / No
Please specify the parts of the record to which access is allowed and any areas which are specifically excluded.	

<i>This permission relates to a specific condition.</i>	Yes / No
Please specify the condition.	

<i>The permission relates to my carer receiving copies of all correspondence relating to my treatment.</i>	Yes / No
I confirm that my GP has explained this to me and has sole discretion to withhold any or all copies.	

I understand that this permission will remain in force until cancelled by me in writing and that the doctor may override this authority at any time.

I confirm that this has been explained to me by my GP and that the GP has sole discretion to withhold all or any copies of correspondence.

Signed Patient: _____ Date: _____

Accepted by Doctor: _____ Date: _____

Doctor's Name: _____

- The person for whom you care, or your child, will be added to your **systmonline** log in.
- Once you subsequently log in to **systmonline**, you have the option to 'Choose Patient'.
- Click on the name whose account you want to access.

Choose Patient

You can access online services on behalf of the following patients. Select the patient whose account you want to access.

The Chipping Surgery	
Miss [REDACTED]	Mrs [REDACTED]