How to Register with Dollar Health Centre

Patient registration for patients up to and including their 5th birthday

Please complete the form "Application to register permanently with a General Medical Practice" as fully as possible. If you don't know some of the information, don't worry, but please let reception know about this when you hand the forms in. All boxes marked with a * must be completed.

Check List

- Have you completed and signed part 5 "Patient Declaration" section on the "Application to register permanently with a General Medical Practice" form.
- Have you completed the "New Patient Questionnaire Sheets"?
- Have you signed that you have received a copy of "Practice Privacy Notice" on the "New Patient Questionnaire Sheets"?
- Please bring in the **"Red Book"** to enable us to photocopy the records of vaccinations. If coming from abroad please let us have a **copy of immunisations** received.

When handing the forms in, please provide proof of identification.
We require **proof of current address for each adult in the household** as well as a document with **date of birth for each person in the household.**

**Dollar Health Centre, Park Place, Dollar**

**Practice privacy notice.** Dollar Medical Practice has a legal duty to explain how we use any personal information we collect about you, as a registered patient at the practice. Staff at this practice maintain records about your health and the treatment you receive in electronic and paper forma

**What information do we collect about you?** We will collect information such as personal details, including name, address, next of kin, records of appointments, visits, telephone calls, your health records, treatment and medications, test results, X-rays, etc. and any other relevant information to enable us to deliver effective medical care.

**How we will use your information.** Your data is collected for the purpose of providing direct patient care; however, we can disclose this information if it is required by law, if you give consent or if it is justified in the public interest. The practice may be requested to support research; however, we will always gain your consent before sharing your information with medical research databases when the law allows. Sometimes the NHS also uses relevant information about your health to help improve NHS services and public health in Scotland – for example, to find out how many people have a particular illness or disease. If so, information that identifies you is removed if possible. If the NHS uses information that does identify you (for example, to include it in a disease register), they must explain how and why your information will be used. Processing your information in this way and obtaining your consent ensures that we comply with Articles 6(1)(c), 6(1)(e) and 9(2)(h) of the GDPR

**Maintaining confidentiality and accessing your records.** We are committed to maintaining confidentiality and protecting the information we hold about you. We adhere to the General Data Protection Regulation (GDPR), the NHSScotland Code of Practice, as well as guidance issued by the Information Commissioner's Office (ICO). You have a right to access the information we hold about you, and if you would like to access this information, you will need to complete a Subject Access Request (SAR). Please ask at reception for a SAR form and you will be given further information. Furthermore, should you identify any inaccuracies, you have a right to have the inaccurate data corrected

**Risk stratification.** Risk stratification is a mechanism used to identify and subsequently manage those patients deemed as being at high risk of requiring urgent or emergency care. Usually this includes patients with long-term conditions, e.g. cancer. Your information is collected by a number of sources, including Dollar Medical Practice this information is processed electronically and given a risk score which is relayed to your GP who can then decide on any necessary actions to ensure that you receive the most appropriate care.

If you are receiving care from other medical professionals or other organisations, we can provide information relevant to the care you are receiving.

**Invoice validation.** Your information may be shared if you have received treatment to determine which health board is responsible for paying for your treatment. This information may include your name, address and treatment date. All of this information is held securely and confidentially; it will not be used for any other purpose or shared with any third parties.

**Opt-outs.** You have a right to object to your information being shared. Should you wish to opt out of data collection, please contact a member of staff who will be able to explain how you can opt out and prevent the sharing of your information; this is done by writing to NSS, preventing your information from being shared outside this practice. **Retention periods.** In accordance with the Records Management NHS Codes of Practice (Scotland), your healthcare records will be retained for the duration of your life and for 3 years after your death.

**What to do if you have any questions.** Should you have any questions about our privacy policy or the information we hold about you, you can:

1. Contact the practice's data controller via email FV.DollarHC@nhs.scot GP practices are data controllers for the data they hold about their patients1
2. Write to the data controller at Dollar Health Centre, Park Place, Dollar, FK14 7AA
3. Ask to speak to the Practice Manager, Jen Walls, The Data Protection Officer (DPO) details for Dollar Health Centre

**Complaints.** In the unlikely event that you are unhappy with any element of our data-processing methods, you have the right to lodge a complaint with the ICO. For further details, visit ico.org.uk and select 'Raising a concern'.

**Changes to our privacy policy.** We regularly review our privacy policy and any updates will be published on our website, on our Reception Screen and on posters to reflect the changes. This policy is to be reviewed March 2023. Although we may be using your information or asking you about treatment received, when the audit or report is completed all of the details which could identify you have been removed.

**Access to health records**

The General Data Protection Act 2018 gives you the right to access your health records, both manual and computer records. Only in very exceptional circumstances can access be withheld.

Without your consent, no other person or organisation can access your records. With the exception of legal and statutory obligations, the only circumstances when information may be provided about you would be if the release of the information would be in the interest of the greater public good.

For example notification to DVLA of a medical condition which would preclude you from driving.

Applications for accessing your records must be made in writing and sent to the Practice Manager. There may be a charge for this service.

**Training**

All doctors, nurses and staff receive annual training on confidentiality and data protection.

For more information please speak to the Practice Manager.

# APPLICATION TO REGISTER PERMANENTLY WITH A GENERAL MEDICAL PRACTICE

ALL FIELDS MARKED * ARE MANDATORY AND MUST BE COMPLETED AS FULLY AS POSSIBLE

NHS SCOTLAND

## 1. PERSONAL DETAILS

Is this your first registration with a GP Practice in the UK? Yes ◯ No ◯

Will you be in the area for more than 3 months? Yes ☐ No ☐

*(If 'No', please complete a temporary resident form)*

Male * ☐ Female * ☐

Date of birth *

Title *

Surname *

Forenames *

Previous surname *

Address *

Postcode *

Telephone #

Mobile #

Email address #

*# the data supplied in these fields will not be input to, or updated in, the Community Health Index (CHI), but will be held on the GP Practice's system.*

The following information can be found on your **current medical card**:

Community Health Index (CHI) number *

NHS number *

The following information can be found on your **birth certificate**:

Town of birth *

Country of birth *

Registered district of birth *(Scotland only)*

Mother's maiden name

## 2. HELP US TO TRACE YOUR PREVIOUS GP HEALTH RECORDS BY PROVIDING THE FOLLOWING INFORMATION

Address in UK when you were last registered with a GP *

Postcode *

Name and address of previous GP Practice in UK *

Postcode *

### If you are from abroad:

Date you first came to live in the UK *

If previously resident in the UK, date of leaving *

Your most recent country of residence

### If you have served in the British Armed Forces:

Service Number

Enlistment date *

Are you a Reservist? Yes ☐ No ☐

Leaving date *

If yes provide your address before enlisting *

Postcode *

Is this your first registration with a GP since leaving the armed forces? Yes ☐ No ☐

## 3. VOLUNTARY AUTHORISATION FOR ORGAN OR TISSUE DONATION

You have a choice about organ or tissue donation after your death. To find out more about why it is important that you take the time to make your donation decision and record it, go to www.organdonationscotland.org

## 4. HOW WE USE INFORMATION

The information you have provided will be used by NHS Scotland to carry out its various functions and services including scheduling appointments, ordering tests, hospital referrals and sending correspondence.

Your information, including your name, gender, date of birth and address, will be passed to NHS National Services Scotland where it will be held on the Community Health Index (CHI). This information is used to register you with the GP Practice, transfer your medical records between GP practices in the UK, make payments to GP Practices for medical services provided, and to process and issue medical exemption certificates and entitlement cards.

NHS National Services Scotland shares information about you within NHSScotland to assist in the provision and improvement of NHS services and the health of the public. When we do this, we do it as described by NHS Scotland in the NHS Inform website under the "How the NHS handles your personal health information" section.

NHS Scotland is made up of various organisations such as NHS Health Boards, GP practices, the Scottish Ambulance Service or NHS National Services Scotland (the common name of the Common Services Agency for the Scottish Health Service). These organisations are individually responsible for your personal health information. In terms of data protection and privacy laws, they are known as 'data controllers'.

Find out more about NHS Scotland in the link provided above.

## 5. PATIENT DECLARATION

I declare that the information I have given on this form is correct and complete. I understand that, if it is not, appropriate action may be taken. To enable NHS National Services Scotland to confirm my eligibility to lawfully register with a GP and for the purposes of prevention, detection, and investigation of crime, the minimum necessary information from this form could be disclosed to relevant authorities.

I understand that more comprehensive information about how NHS Scotland handles my data is available from NHS Inform.

This information can be provided in other languages and formats on request. The NHS Inform helpline provides an interpreting service.

Patient / Patient's representative signature

Date *

Representative's name (if applicable)

Relationship to patient (if applicable)

## 6. FOR PRACTICE USE

GP reference number

GP name

Practice code

### Identification seen – do not take or retain photocopies

Please initial each relevant box (it is recommended that at least one form of the identification is seen to positively identify the applicant although it is not mandatory to provide identification to register)

Birth cert ☐ Student ID card ☐ Driving licence ☐ Passport or HC2 cert ☐ Home Office app reg card ☐ Other / None

I accept this patient onto the practice list and declare that, to the best of my knowledge, this information is correct. I acknowledge that the details may be authenticated from appropriate records, and that payments generated from this patient registration will be subject to Payment Verification.

Authorised Practice signature

Date *

## 7. FOR OFFICIAL USE ONLY

Input by

Checked by

Date

Practice stamp

**Dollar Health Centre – New Patient Questionnaire – Page 1**
For patients **up to and including their 5th birthday**

Please complete this questionnaire as fully as possible.

| Name | Date of Birth |
|---|---|

Have you ever been seen at Dollar Health Centre before? Yes / No

Name known by

Ethnicity – we hope that you do not mind completing this section, there may be cultural issues in relation to healthcare that we should be aware of.

| I would describe my ethnicity as (please circle one): | | | |
|---|---|---|---|
| White Scottish | Indian | African | Other |
| White British | Pakistani | Black or Black Scottish | White Irish |
| Bangladeshi | Other Asian | Caribbean | Other Ethnic Group |
| Other White | Chinese | Any mixed background | |
| **Country of Birth:** | | | |
| UK | Other EEC | Other (Please specify) | |

| I acknowledge receipt of the Information Sheet – "Practice Privacy Notice" which is printed on page 2. |
|---|
| Signature Date |

| | |
|---|---|
| Have you ever lived abroad?<br>If yes. | Yes / No<br>From To |
| Do you require the services of an interpreter? | Yes / No |

Health History

| | | | |
|---|---|---|---|
| Heart Disease | Yes / No | Stroke / CVA | Yes / No |
| Diabetes | Yes / No | High Blood Pressure | Yes / No |
| Asthma | Yes / No | COPD | Yes / No |
| If your asthma is resolved | | Date resolved | |

Family History (Any illness that runs in your family)

| | | |
|---|---|---|
| Heart Disease | Yes / No | Relationship to you |
| Diabetes | Yes / No | Relationship to you |
| Stroke | Yes / No | Relationship to you |
| Asthma | Yes / No | Relationship to you |
| High Blood Pressure | Yes / No | Relationship to you |

Dollar Health Centre – New Patient Questionnaire – Page 2
For patients **up to and including their 5th birthday**

| Please tell us about current conditions, past illnesses, accidents, operations or other hospital admissions including if possible a date or what age you were. |
|---|
| |

| Medication. Please list all **medication, strengths and what dosage** you are taking, including any which is bought from the chemist. |
|---|
| |

Personal History

| Have you had any infectious disease?<br>If yes please list below | Yes / No<br>Date occurred |
|---|---|
| | |
| | |
| | |
| | |
| | |
| Do you have any allergies?<br>If yes | Yes / No<br>To what? |
| What is your height? | What is your weight? |

Carers and Being Cared For

The practice offers support and assistance to carer/cared for, and recognises the invaluable role they take in helping those being cared for, and we would ask assistance in identifying and supporting carers.

A carer is someone irrespective of age, who provides or supervises a substantial amount of care on a regular basis of a child, relative, partner or neighbour who is unable to manage on their own due to illness, disability, frailty, mental distress or impairment.

The term "carer" would not apply if the person is either a paid carer, a volunteer from a voluntary agency or anyone providing personal assistance for payment either in cash or kind.

We would be grateful if you would answer the following questions.

Carer:

Do you care for someone? (as described in paragraph 2 above) Yes / No

Do we have your permission to include your name on our carers register and to undertake periodic review of your well-being and support that you may need? Yes / No

What is your relationship with the person being cared for? _____

Is the person registered with this practice? Yes / No

Under the Data Protection Act 2018, we also need the permission of the person being cared for before recording their name.

Can you advise us of the name and address of the person being cared for

Name_____

Address_____

We would be grateful if when you undertake or cease a carer role that you advise a member of the primary care team. This will allow us to maintain up to date medical records.

We work closely with the Princess Royal Trust for Carers and will pass new carers information onto them. If you do not want us to pass on your details please tick box below

I do not want my details passed to the Princes Royal Trust for Carers ☐

Carer Health Reviews

We offer all carers an annual health review with one of the GP's in the practice. If you would like a review, please tick this box ☐