Request for a My Health Online Account (Carer/Child Access)

|  |
| --- |
| **NHS Wales Informatics Service** |
|  |

**This form must be provided to patients bi-lingually unless the patient has stated their preferred language choice**

**Cais am Gyfrif Fy Iechyd Ar-lein er mwyn gweithredu ar ran unigolyn arall**

Mae Fy Iechyd Ar-lein yn wasanaeth newydd gan GIG Cymru sy’n galluogi cleifion i drefnu apwyntiadau gan ddefnyddio’r rhyngrwyd. Yn dibynnu ar eich practis, efallai y bydd hefyd yn bosibl i chi archebu presgripsiynau amlroddadwy ar-lein neu newid manylion cyswllt.

Ticiwch y blwch sy’n gymwys a darparwch y prawf adnabod gofynnol a chadarnhad bod gennych awdurdod i weithredu ar ran y claf.

|  |  |  |
| --- | --- | --- |
| **1** | **Rwyf yn rhiant neu’n warcheidwad cyfreithiol i blentyn dan 13 oed**(*mae prawf o hunaniaeth y plentyn yn ofynnol, ynghyd â phrawf o’ch perthynas a phyw ydych chi os nad ydych wedi’ch cofrestru yn y practis hwn.* ***Dylech chi gwblhau adrannau A a B ar y dudalen nesaf****)* |  |
| **2** | **Rwyf rhwng 13 ac 16 oed ac rwyf eisiau awdurdodi fy rhiant neu fy ngwarcheidwad cyfreithiol i ddefnyddio Fy Iechyd Ar-lein ar fy rhan i** *(mae prawf o hunaniaeth y rhiant/gwarcheidwad a’r claf yn ofynnol.* ***Dylech chi gwblhau adrannau A ac C ar y dudalen nesaf****)* |  |
| **3** | **Rwyf dros 16 oed ac rwyf eisiau awdurdodi rhywun arall i ddefnyddio Fy Iechyd Ar-lein ar fy rhan i***(er enghraifft, gwraig yn gweithredu ar ran ei gŵr neu ferch/mab yn gweithredu ar ran rhiant oedrannus. Mae prawf o hunaniaeth yr unigolyn a enwebir a’r claf yn ofynnol.* ***Dylech chi gwblhau adrannau A ac C ar y dudalen nesaf****)* |  |
| **4** | **Rwyf yn gweithredu ar ran y claf oherwydd nid oes ganddo/ganddi’r gallu meddyliol i weithredu er ei fwyn/mwyn ei hun** **(***er enghraifft, aelod o’r teulu neu ofalwr sydd ag atwrneiaeth barhaus. Mae prawf o hunaniaeth y claf a’ch hunaniaeth chi yn ofynnol ynghyd â phrawf o’ch perthynas os nad ydych wedi’ch cofrestru yn y practis hwn.* ***Dylech chi gwblhau adrannau A a B ar y dudalen nesaf****)* |  |

**Rhestr Wirio’r Practis –** *i’w cwblhau gan staff y practis*

Dylid cwblhau’r gwiriadau canlynol cyn y gall claf gael at Fy Iechyd Ar-lein

1. Dilyswyd dogfennau adnabod y claf a’r unigolyn a enwebir a chadarnhawyd y berthynas (os yw’n gymwys)

Gwiriwyd manylion y dogfennau a’u hychwanegu at system y meddyg teulu …………………………………………………………………………………………………

1. Gwiriwyd enw a dyddiad geni’r claf ar y ffurflen hon a’u diweddaru ar y system glinigol (os oes angen)
2. Iaith Ffefrir ac Manylion cyswllt y CClaf wedi’w diweddaru (os es angen)
3. Esboniwyd y broses gofrestru a’r camau nesaf
4. Darparwyd y Canllawiau i Gleifion a’r Cwestiynau a Ofynnir yn Aml i’r claf ac i’r unigolyn a enwebir
5. Cynghori’r unigolyn a enwebir i gofrestru ei gyfrif ar-lein yn y 24 i 48 awr nesaf

|  |  |  |  |
| --- | --- | --- | --- |
| Enw llawn y claf  |  | Rhif ffôn |  |
| Ffôn symudol |  |
| Cyfeiriad e-bost y claf (os yw’n gymwys) |  | Dyddiad geni |  |
| Cyfeiriad |  |
| Iaith Ffefrir (Dileu fel sy’n briodol) | Cymraeg | Saesneg |
| **Adran B (i’w chwblhau os ydych chi wedi ticio blychau 1 neu 4)** |
| Enw llawn yr unigolyn sy’n gweithredu ar ran y claf |  | Rhif ffôn (os yw’n wahanol i’r un uchod) |  |
| Cyfeiriad (os yw’n wahanol i’r un uchod) |  | Perthynas â’r claf |  |
| Cyfeiriad e-bost |  |
| Rwyf yn cadarnhau bod gennyf yr awdurdod i weithredu ar ran y claf a enwir uchod ac rwyf yn deall:* Os ydwyf yn gweithredu ar ran plentyn dan 13 oed, pan fydd y plentyn yn cyrraedd 13 oed, byddaf yn parhau i fod â mynediad, fodd bynnag bydd y practis yn adolygu hyn ar sail unigol.
* Os ydwyf yn gweithredu ar ran plentyn sydd wedi cyrraedd 16 oed, caiff fy mynediad ei ddiddymu a bydd rhaid iddo/iddi gofrestru ar ei ran/ei rhan ei hun.
* Os ydwyf yn gweithredu ar ran unigolyn sydd â gallu meddyliol diffygiol efallai bydd fy meddygfa deulu yn gofyn am gadarnhau bod gennyf atwrneiaeth berthnasol.
* Mae fy mynediad yn ôl doethineb y practis a gellir ei ddiddymu unrhyw bryd.
 |
| Llofnod  |  | Dyddiad |  |
| **Adran C (i’w chwblhau os ydych chi wedi ticio blychau 2 neu 3)** |
| Enw llawn yr unigolyn sy’n gweithredu ar ran y claf |  | Rhif ffôn  |  |
| Ffôn symudol |  |
| Cyfeiriad e-bost |  |
| Cyfeiriad |  |
| Rwyf yn cadarnhau fy mod yn rhoi awdurdod i’r unigolyn uchod weithredu ar fy rhan i. Rwyf yn deall, drwy ganiatáu i’r unigolyn hwn gael mynediad ar fy rhan i, bydd yn gweld yr holl apwyntiadau a drefnaf gan gynnwys y rhai a drefnaf yn bersonol a dros y ffôn. Rwyf hefyd yn deall, os bydd fy mhractis yn cynnig presgripsiynau amlroddadwy ar-lein, bydd fy unigolyn a enwebir yn gweld unrhyw feddyginiaeth amlroddadwy rwyf yn ei chymryd. Rwyf yn deall, os byddaf yn dymuno diddymu’r mynediad ar unrhyw adeg, gallaf newid fy nghyfrinair ar-lein neu gysylltu â’r practis i wneud hyn ar fy rhan i.  |
| Llofnod y claf |  | Dyddiad |  |

**Request for a My Health Online Account to act on behalf of another individual**

My Health Online is an NHS Wales service that offers patients the convenience to book appointments using the internet. Depending on your practice, it may also be possible to order repeat prescriptions online or change contact details.

Please tick the box that applies and provide the required proof of identity and confirmation that you have the authority to act on the patient’s behalf.

|  |  |  |
| --- | --- | --- |
| **1** | **I am the parent or legal guardian of a child under 13 years of age**(*proof of the child’s identity is required and proof of your relationship and identity if you are not registered at this practice.* ***Please complete sections A+B on the next page****)* |  |
| **2** | **I am between the ages of 13 and 16 and want to authorise my parent or legal guardian to use My Health Online on my behalf***(Proof of parent /guardian and patient’s identity is required.* ***Please complete sections A+C on the next page****)* |  |
| **3** | **I am 16 or over and want to authorise someone else to use My Health Online on my behalf***(for example a wife acting on behalf of her husband or a daughter/son acting on behalf of an elderly parent. Proof of the nominated individual and patient’s identity is required.* ***Please complete sections A+C on the next page****)* |  |
| **4** | **I am acting on behalf of the patient because they do not have the mental capacity to act in their own right** *(for example a family member or a carer who has lasting power of attorney. Proof of the patient’s identity and your identity is required and proof of relationship if you are not registered at this practice.* ***Please complete sections A+B on the next page****)* |  |

**Practice Checklist -** *to be completed by practice staff*

The following checks should be completed before a patient can receive access to My Health Online

1. Patient’s and nominated individual’s identity documents verified and relationship confirmed (if applicable)
2. Details of documents checked and by whom (remember check both ID’s) ……………………………………………………………………………………………………
3. Patient’s name and date of birth checked on this form and updated on the clinical system. (if necessary)
4. Patient’s preferred language and contact details updated on the clinical system. (if necessary)
5. Registration process and next steps to registration explained
6. Patient Guide provided to patient and nominated individual
7. Advise nominated individual to register their online account over the next 24 – 48 hours

|  |
| --- |
| **Section A (to be completed by all)** |
| Full name of patient  |  | Phone number |  |
| Mobile number  |  |
| Email Address (if applicable) |  | Date of birth |  |
| Address |  |
| Patient’s preferred language (please delete as appropriate) | Welsh | English |
| **Section B (to be completed if you have ticked boxes 1 or 4)** |
| Full name of individual acting on behalf of the patient |  | Phone Number (if different to above) |  |
| Mobile number  |  |
| Address (if different to above) |  | Relationship to the patient |  |
| Email Address |  |
| I confirm that I have the authority to act on behalf of the above named patient and I understand that:* If I am acting on behalf of a child under 13, once the child reaches 13 I will continue to have access however the practice will review this on an individual basis.
* If I am acting on behalf of a child who has reached the age of 16 my access will be removed and they will have to register on their own behalf.
* If I am acting on behalf of an individual who has impaired mental capacity my GP practice may require confirmation that I have relevant power of attorney.
* My access is at the discretion of the practice and can be removed at any time.
 |
| Signature  |  | Date  |  |
| **Section C (to be completed if you have ticked boxes 2 or 3)** |
| Full name of individual acting on behalf of the patient |  | Phone number  |  |
| Email Address |  |
| Address |  |
| I confirm that I give authorisation on the above individual to act on my behalf. I understand that by allowing this individual to have access on my behalf they will see all appointments booked by myself including ones booked in person and over the phone. I also understand that if my practice offers repeat prescriptions online my nominated individual will see any repeat medication I am on. I understand that if I wish to remove access at any stage I can change my password online or contact the practice to do this for me.  |
| Signature of the patient |  | Date |  |