**CHANGE OF ADDRESS / PERSONAL DETAILS PROCEDURE**

**INTRODUCTION**

When dealing with change of address and / or personal details on a patient record care must be taken to make sure that the change is being made by the patient or a person authorised to make the change, such as a parent or guardian.

Personal details are defined as:

Name

Address

Telephone numbers

E Mail addresses

Carers Details (if applicable)

The practice will routinely accept change of details from parents / guardians of minors under the age of 16. Patients of 16 years or over are expected to initiate and sign their own change of details form (see below) unless there are specific reasons why a parent’s signature should be accepted (e.g. competency, medical conditions etc). Where the patient is 18 years or over they must sign their own authority to change unless there are specific medical reasons, in which case the matter will be referred to the patient’s GP.

**PROCEDURE**

* All requests for change of details must be in writing, preferably on a form (see below) and must be signed by the patient unless the patient is under 16 years of age, when it may be signed by a parent or guardian.
* Where a signed letter is received as an authority to change which satisfies the above criteria it may be accepted in lieu of a form.
* A separate form should be completed for each person in a family (this avoids third-party references within individual medical records after the document has been scanned in)
* Ensure that the new address of the patient (where changing) remains within the practice area and where it does not please inform the patient that they are out of the Practice area and if would like to stay with the practice would need to fill out the out of area registration form. The out of area registration does not allow Patients to receive home visits, if any patients unwilling to sign this form and are out of the area they would need to re-register elsewhere. Then Forms to be passed to Admin the administrative staff should annotate the form that the ‘out of area’ letter has been sent, they should also make a consultation entry in the patient’s computer medical record to this effect.
* If the address remains within the practice area the reception staff should alter the computer medical record and change the address on the paper records.
* The signed forms, or authority letter is to be scanned into the patient record.

**PROCEDURE FOR WHEN WE RECEIVE CORRESPONDENCE WITH A DIFFERENT ADDRESS FROM THE ONE ON OUR COMPUTER MEDICAL RECORD.**

If we receive correspondence with a different address from the one on the computer medical record the letter should be passed to the administrative staff for checking.

* If the computer record has been updated with a new address and the address on the correspondence is an old address then no action is needed.
* To check old address press RS (Registration Status), then D (Past Registration Details), then press ‘enter’ twice to view the registration audit screen where you can check all the addresses that have been registered for this patient,
* If the address on the correspondence has never been recorded on the system then send a ‘check address’ letter to the address on the computer system, if there is no response to this letter then send a ‘check address’ to the address on the correspondence. If the new address is out of the practice area the patient should be advised and informed of the Out of area policy and offered the Out of Area form. If this is declined please inform the administration office.

**CHANGE OF PERSONAL DETAILS**

|  |  |
| --- | --- |
| FULL PATIENT NAME | DATE OF BIRTH |
| NHS NUMBER  (If known) | Effective date of change |
| CURRENTLY REGISTERED ADDRESS | |

Please complete only the sections which are changing

|  |  |
| --- | --- |
| Name |  |
| New Address |  |
| Telephone Number |  |
| Mobile Number |  |
| E Mail address |  |

**A separate form should be used for each person.**

**Children or adults aged 16 years or over will be required to complete and sign their own form.**

**Parents / Guardians of children under the age of 16 years may sign on behalf of their children.**

Signed

PRINT NAME

Relationship to Patient (if not patient)

Date