

## Application form for access to the practice online services

**Before you apply for online access to your record, there are some other things to consider.**

Although the chances of any of these things happening are very small, you are asked that you have read and understood the following before you are given login details.

### Things to consider

#### **Forgotten history**

There may be something you have forgotten about in your record that you might find upsetting

#### **Abnormal results or bad news**

If your GP has given you access to test results or letters, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

#### **Choosing to share your information with someone**

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

#### **Coercion**

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

#### **Misunderstood information**

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

#### **Information about someone else**

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

### **More information**

For more information about keeping your healthcare records safe and secure, we recommend that you read [Protecting your GP Online Records](https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-protecting-your-records.pdf) <https://www.england.nhs.uk/wp-content/uploads/2016/11/pat-guid-protecting-your-records.pdf> and this helpful leaflet produced by the NHS in conjunction with the British Computer Society:

[Keeping your online health and social care records safe and secure](https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf)

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Surname		Date of birth																								
First name																										
Address																										
Postcode																										
Email address																										
Telephone number	Mobile number																									
<p>I understand that my email address and/or mobile number may be used by the practice to contact you to provide health and care services. For example:-</p> <ul style="list-style-type: none"> <li>• appointment reminders,</li> <li>• health campaign messages</li> <li>• messages relating to your own health and care e.g. test results</li> <li>• surveys about our services</li> </ul> <p>If you do not wish to be contacted by either of the following please tick:</p> <p>Email <input type="checkbox"/></p> <p>Mobile <input type="checkbox"/></p> <p>I wish to have access to the following online services (please tick all that apply):</p> <table border="1"> <tr> <td>1. Booking appointments</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Requesting repeat prescriptions</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Sending secure messaging</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Access to detailed medical record</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Proxy Access to records for family members who I care for with separate login details</td> <td><input type="checkbox"/></td> </tr> </table> <p>I wish to access my online services and understand and agree with each statement (tick)</p> <table border="1"> <tr> <td>1. I have read and understood the information provided by the practice</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. I will be responsible for the security of the information that I see or download</td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. If I choose to share my information with anyone else, this is at my own risk</td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible</td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible</td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. If I see something in my records that I am unsure of and have not yet been contacted by the surgery, I will wait until usual opening times and not contact the out of hours or emergency services</td> <td></td> </tr> </table>			1. Booking appointments	<input type="checkbox"/>	2. Requesting repeat prescriptions	<input type="checkbox"/>	3. Sending secure messaging	<input type="checkbox"/>	4. Access to detailed medical record	<input type="checkbox"/>	5. Proxy Access to records for family members who I care for with separate login details	<input type="checkbox"/>	1. I have read and understood the information provided by the practice	<input type="checkbox"/>	2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>	3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>	4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>	5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>	6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>	7. If I see something in my records that I am unsure of and have not yet been contacted by the surgery, I will wait until usual opening times and not contact the out of hours or emergency services	
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Signature		Date																								



For practice use only		
Patient NHS/EMIS number		
Identity verified by (initials)	Method used	Personal Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Date account created		
Date login credentials emailed/given		
Level of record access enabled Detailed coded record <input type="checkbox"/> All prospective <input type="checkbox"/> All retrospective <input type="checkbox"/>	Notes / explanation	
Date clinical assurance completed	Assured by (initials)	
Reason for refusal if record access is refused after clinical assurance.		