



## Application form for online access to the practice online services

*Please see notes on page 2 to consider prior to seeking access to online services*

Surname:		Date of Birth:	
First Name:			
Address:		Postcode:	
Email Address:			
Telephone Number:		Mobile Number:	
I wish to have access to the following online services (tick)			
1. Booking Appointments	<input type="checkbox"/>	4. Consent to receiving patient relevant information via SMS	<input type="checkbox"/>
2. Requesting Repeat Prescriptions	<input type="checkbox"/>	5. Consent to receiving patient relevant information via Email	<input type="checkbox"/>
3. Accessing My Medical Records	<input type="checkbox"/>		
I wish to access my medical records online – I understand and agree with each statement (tick):			
1. I have read and understood the information leaflet 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 medical records 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"/>	
Signature:		Date:	
<i>For practice use only</i>			
Patient NHS Number:			
Identity identified by (Initials)		Method:	
		Vouching <input type="checkbox"/>	
		Vouching with information in the record <input type="checkbox"/>	
		Photo ID <input type="checkbox"/>	
		App Verification <input type="checkbox"/>	
Documentary Evidence Provided:			
Authorised by:			
Date Account Created:			
Date Login Credentials Share to Patient:			
Level of Access Enables:			
1. Detailed Coded Record		<input type="checkbox"/>	
2. All Prospective		<input type="checkbox"/>	
3. All Prospective and Retrospective		<input type="checkbox"/>	
Date Clinician Assurance Completed:		Assured By (Initials):	
Reason for Refusal – If record access is refused after clinical assurance			



## Key Considerations

### **Forgotten History**

*There may be something you have forgotten about in your records 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 to you. 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.*

### **Misunderstanding 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 records may be highly technical, written in specialist terms and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation – please note it may take up to 28 days to complete this request depending on the nature of your clarification request.*

### **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.*

- Please note it will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. Access can also be gained on some phones using the fingerprint or Face ID technology - please consider this extra security feature.
- If you have concerns about this, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.
- If you print out information from your records. It is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone they feel it could harm or be put at risk.