

## Please read the information on this page carefully.

If you wish to simply register yourself for access to our online services please complete page 3. You will also need to provide some photo ID when registering.

If you wish to register for online services, but also wish to grant someone else access to your records (Parent / Partner / Carer) please read and complete pages 3, 5 & 6.

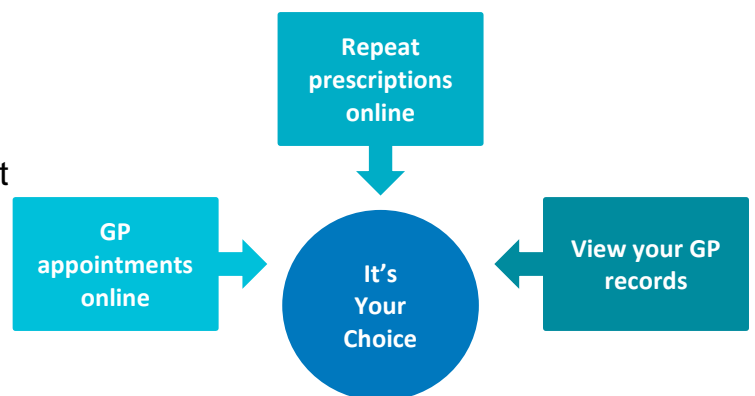
### **Patient information leaflet 'It's your choice'.**

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery as normal, it's your choice.

Being able to see your record online might help you manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

**The practice has the right to remove online access to service for anyone that doesn't use them responsibly.**



**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.**

**If you can't do this for some reason, 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 any information from your record, 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.**

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

Although the chances of any of these things happening are very small, you will be 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 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 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, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society: Keeping your online health and social care records safe and secure  
<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

## Application for online access to my medical record

|                  |               |
|------------------|---------------|
| Surname          | Date of birth |
| First name       |               |
| Address          |               |
| Postcode         |               |
| Email address    |               |
| Telephone number | Mobile number |

I wish to have access to the following online services (please tick all that apply):

|                                    |                          |
|------------------------------------|--------------------------|
| 1. Booking appointments            | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions | <input type="checkbox"/> |
| 3. Accessing my medical record     | <input type="checkbox"/> |

I wish to access my medical record online and 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | <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"/> |

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

### For practice use only

|  |      |   |      |
|--|------|---|------|
| Patient NHS number   |      | Practice computer ID number   |      |
| Identity verified by (initials)  | Date | Method<br>Vouching <input type="checkbox"/><br>Vouching with information in record <input type="checkbox"/><br>Photo ID and proof of residence <input type="checkbox"/> |      |
| Authorised by  |      |   | Date |
| Date account created   |      |   |      |
| Date passphrase sent   |      |   |      |
| Level of record access enabled   |      | Notes / explanation   |      |
| Prospective <input type="checkbox"/><br>Retrospective <input type="checkbox"/><br>All <input type="checkbox"/><br>Limited parts <input type="checkbox"/><br>Contractual minimum <input type="checkbox"/> |      |   |      |

## Consent to proxy access to GP online services

**Note:** If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

### Section 1

I,..... (name of patient), give permission to my GP practice to give the following people ..... proxy access to the online services as indicated below in section 2.

I reserve the right to reverse any decision I make in granting proxy access at any time.

I understand the risks of allowing someone else to have access to my health records.

|                      |      |
|----------------------|------|
| Signature of patient | Date |
|----------------------|------|

### Section 2

|   |                          |
|---|--------------------------|
| 6. Online appointments booking                        | <input type="checkbox"/> |
| 7. Online prescription management                     | <input type="checkbox"/> |
| 8. Accessing the medical record for (name of patient) | <input type="checkbox"/> |

### Section 3

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2

for ..... (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

|  |                          |
|--|--------------------------|
| 1. I/we have read and understood the information leaflet provided by the practice  | <input type="checkbox"/> |
| 2. I/we will be responsible for the security of the information that I/we see or download  | <input type="checkbox"/> |
| 3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement | <input type="checkbox"/> |
| 4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible | <input type="checkbox"/> |

|                             |      |
|-----------------------------|------|
| Signature of representative | Date |
| Signature of representative | Date |

## The patient

(This is the person whose records are being accessed)

|         |               |
|---------|---------------|
| Surname | Date of birth |
|---------|---------------|

|                         |                      |
|-------------------------|----------------------|
| <b>First name</b>       |                      |
| <b>Address</b>          |                      |
| <b>Postcode</b>         |                      |
| <b>Email address</b>    |                      |
| <b>Telephone number</b> | <b>Mobile number</b> |

## The representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

|                                |  |
|--------------------------------|--|
| <b>Surname</b>                 | <b>Surname</b>   |
| <b>First name</b>              | <b>First name</b>  |
| <b>Date of birth</b>           | <b>Date of birth</b>   |
| <b>Address</b>                 | <b>Address</b> (tick if both same address <input type="checkbox"/> ) |
| <b>Postcode</b>                | <b>Postcode</b>  |
| <b>Email</b>                   | <b>Email</b>   |
| <b>Telephone</b>               | <b>Telephone</b>   |
| <b>Mobile</b>                  | <b>Mobile</b>  |
| <b>Relationship to patient</b> | <b>Relationship to patient</b>                                       |

## For practice use only

|  |      |   |      |
|--|------|---|------|
| <b>The patient's</b> NHS number  |      | <b>The patient's</b> practice computer ID number  |      |
| Identity verified by (initials)  | Date | Method of verification<br>Vouching <input type="checkbox"/><br>Vouching with information in record <input type="checkbox"/><br>Photo ID and proof of residence <input type="checkbox"/> |      |
| <b>Proxy access</b> authorised by  |      |   | Date |
| Date account created   |      |   |      |
| Date passphrase sent   |      |   |      |
| Level of record access enabled<br>Prospective <input type="checkbox"/><br>Retrospective <input type="checkbox"/><br>All <input type="checkbox"/><br>Limited parts <input type="checkbox"/><br>Contractual minimum <input type="checkbox"/> |      | Notes / comments on proxy access  |      |