



Application for Access to GP 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 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 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, 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>

- Registration for Online Services is only available to patients aged 16 and above.
- All users must have their own individual email address.
- Family email addresses cannot be accepted.
- Previous users of online services MUST re-register for the new online services.

FOR NEW USERS OF ONLINE SERVICES:

- Please complete the application form and bring this to the surgery with TWO forms of ID:
 - 1: Photo ID e.g. passport or driving licence AND
 - 2: Confirmation of your current address e.g. bank statement / utility bill.



Application for Access to GP Online Services

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

*I confirm this is my personal email address for my sole use and I accept full responsibility for my online access user ID and password being sent to this email address.

**I confirm my mobile telephone number may be used for surgery purposes/notifications only.

I wish to have access to the following online services (please tick)

	Yes	No
Booking appointments		
Requesting repeat prescriptions		
Accessing my summary care record (<i>access details of their medication, allergies and adverse reactions</i>)		

I wish to access my medical record online and I understand and agree with each of the following statements:

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 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"/>

Signature :

Date:

For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			

Date passphrase collected		
Level of record access enabled	Detailed coded record <input type="checkbox"/> All prospective <input type="checkbox"/> All retrospective <input type="checkbox"/> Other limited parts <input type="checkbox"/>	Notes / explanation
Date clinical assurance completed	Assured by (initials)	
Reason for refusal if record access is refused after clinical assurance.		