WETMORE ROAD SURGERY

Patient Consent Form for Detailed Coded Record Access

You can now view your GP medical record online to look at test results, details of consultations and your medical history, including current and past medication.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information about you (provided below) to set up the and operate the service. The following form will take you through the things you need to consider. By signing the form you will be giving us your permission to go ahead with setting up the service for you. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

Access is granted at the discretion of the practice. Your request for access may take up to 28 working days to process. You will be informed if access cannot be granted.

Please note that you should already be registered with and using the on-line service 'Patient Access' *before* requesting this additional facility. If you are not, please speak to a member of our reception team. **You will need to provide proof of identity when requesting these services – please ask at reception, or see our website: www.wetmoreroadsurgery.co.uk**

Declaration (please delete response as appropriate):

1. I agree to my GP practice giving me access to my record online.	YES / NO
2. I have been provided with information leaflet about access to GP medical records which I have read and understood.	YES / NO
3. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES / NO
4. If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.	YES / NO
5. I agree that it is my responsibility to keep my username and passwords secure. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record.	YES / NO
6. I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.	YES / NO
7. I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. *Please note, this does not affect your rights of Subject Access under the Data Protection Act.*	YES / NO

Considerations:

Wetmore Road Surgery in conjunction with the NHS makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.

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8. If I notice any inaccuracies with my record, I will inform the practice manager as soon as possible of any errors or omissions.	YES / NO
9. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.	YES / NO
10. I understand that, as before, I will be informed directly by the practice of any test results which require further action. However I understand that I may see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me.	YES / NO

Patient Details

Surname	
Given name	
Date of Birth	
NHS Number (if known)	
*Mobile Number**	
*Email address**	

(Essential to create your online account) - By giving an email address you agree to be sent essential healthcare / administrative information by the practice. You may remove this at any time by writing to the Practice Manager. We will **not Share this address with any other third party / organisation*

Patient's signature …… ***Date*** ……..

FOR PRACTICE USE ONLY:

(Receptionist) Identity validation (Tick):	*Reception name/date received and (if applicable) Photo ID document type*
Vouch ☐ *Photo ID* ☐	

(IT Lead) Record Access level enabled	*Comments*
All ☐ *Test Results* ☐ *Documents* ☐ *Immunisations* ☐ *Problems* ☐ *Consultations* ☐	

Actioned by: ……Date……...

How would you like to receive your login details?	**By Email** ☐ **By Text** ☐