



CONSENT TO ACCESS ONLINE RECORDS

This questionnaire will go through the main issues you need to understand before you can access your medical record over the internet. It will raise questions that you may not have considered, to help you to decide whether to access your record in this way.

To confirm your registration, you will need to provide evidence to prove your identity.

Please answer all the questions, deleting the answer that does not apply as appropriate. Please also use black ink as we need to scan this document onto your record.

Please note: Each registering patient must use their own unique email address. Due to system restrictions, emails may not duplicate across accounts.

1.	Patient name	
2.	Patient date of birth	
3.	Email address (Required)	
4.	Home phone number	
5.	Mobile phone number	
6.	Are you completing this questionnaire for yourself?	YES/NO
6b.	If you answered NO then please state your name and relationship to the patient:	
7.	Have you already partially registered for online access to order prescriptions and book appointments and have a user ID?	YES/NO
8.	Are you happy to use a username and password to access your records?	YES/NO
	You should not share this security information as that would grant someone else access to your confidential medical record. Do you agree to not share this information?	YES/NO
8b.	You should change your password if you suspect your login details have been compromised.	YES/NO
	If you answered NO to either question in 8, then please give your reason(s):	

Document Reference:	OAF1	Document Sub-reference:	OAF1.V1	Issue Date:	24.10.22	Issue Number:	1	Approved:	LCS	Review Date:	1.11.23	Page:	Page 1 of 3
---------------------	------	-------------------------	---------	-------------	----------	---------------	---	-----------	-----	--------------	---------	-------	-------------

9.	After attending appointments, you can check the consultation/information has been recorded and what was discussed. Would you find this helpful?	YES/NO
9b.	If you answered NO then please give your reason(s):	
10.	<p>When accessing your medical records online, there may be instances when you may read some information that could be shocking / upsetting. You may also see hospital letters before your GP has had chance to action. What would you do if this happens, and you cannot speak to your doctor / nurse/Practice immediately? Tick any that you feel apply:</p> <p><input type="radio"/> Arrange an appointment to speak to a clinician at the earliest convenience</p> <p><input type="radio"/> Look at the recommended self-care websites http://www.nhs.uk/selfcare/</p> <p><input type="radio"/> If the practice is closed, wait, and contact the practice the next working day</p> <p><input type="radio"/> Panic/worry</p> <p><input type="radio"/> Contact NHS 111 to get more information/advice</p> <p><input type="radio"/> Contact the Out of Hours GP Services: 01244 385300</p> <p><input type="radio"/> Go to A&E for further help/advice</p>	
11.	Blood test results – if you are viewing results and you see they are normal you can continue as before. If the results are abnormal and require action, we will be in contact with you to make an appointment. Do you accept this arrangement?	YES/NO
12.	Sometimes information may be recorded that is incorrect or you may believe information is missing. Would you inform the practice so that your records can be corrected?	YES/NO
13.	<p>Would it upset you if you read something somebody else had said about you with regards to your health?</p> <p>Information like this is usually given by someone you know well and done in your best interest. It is called third party information and your record will state who provided this and what they said.</p>	YES/NO
14.	Do you feel that you now have a better understanding of Medical Record Access?	YES/NO

Document Reference:	OAF1	Document Sub-reference:	OAF1.V1	Issue Date:	24.10.22	Issue Number:	1	Approved:	LCS	Review Date:	1.11.23	Page:	Page 2 of 3
---------------------	------	-------------------------	---------	-------------	----------	---------------	---	-----------	-----	--------------	---------	-------	-------------

I consent to Danebridge Medical Centre giving me access to my medical records via Patient Access Electronic Records Viewer and agree with each of the following statements (please tick)

1.	I have read and understood the information in this questionnaire	<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 log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature _____

Date _____

Please return this completed questionnaire to reception along with your ID
Your account should be available to use within 28 days of your application

For practice use only

EMIS Number	Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded records <input type="checkbox"/> Limited parts <input type="checkbox"/>		Notes / explanation	

© Danebridge Medical Practice 2022

Document Reference:	OAF1	Document Sub-reference:	OAF1.V1	Issue Date:	24.10.22	Issue Number:	1	Approved:	LCS	Review Date:	1.11.23	Page:	Page 3 of 3
---------------------	------	-------------------------	---------	-------------	----------	---------------	---	-----------	-----	--------------	---------	-------	-------------