**Online Access to Medical Records**

**Patient Form**

All New Patients registering at the practice from the 1st April 2019 will have automatic full online access to prospective data for their medical record; a PIN Access Code will be issued. If you wish to apply for retrospective data then the following form needs completing and bringing into the practice with 2 forms of id (Photo & Address id)

As part of your GP medical record you can view test results, letters and documents, details of coded 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 service.

By signing this 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.

Application form for online access to the practice online services

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname | Date of birth | | | |
| First name | | | | |
| Address  Postcode | | | | |
| Email address \* | | | | |
| Telephone number | | Mobile number | | |
| \* if this address is shared with others please consider whether you agree that it can be used to send you confidential information about your account/services used  I wish to have access to the following online services (please tick all that apply): | | | | |
| 1. Booking appointments | | | | □ |
| 2. Requesting repeat prescriptions | | | | □ |
| 3. Accessing my medical record | | | | □ |
| 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 about access to GP medical records | | | □ | |
| 1. I will be responsible for the security of the information that I see or download | | | □ | |
| 1. 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 If not access may be withdrawn. | | | □ | |
| 1. If I choose to share my information with anyone else, this is at my own risk | | | □ | |
| 1. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible | | | □ | |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | | | □ | |
| 1. I understand that I may see information on my record that I was unaware of/have forgotten about that could cause distress. | | | □ | |
| 1. 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. | | | □ | |
| 1. 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. | | | □ | |
| 1. 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. | | | □ | |
| 1. Please could you provide details below of your reason for applying for access to your Medical records?   It would be helpful if you could provide details below, for the GP to review. | | |  | |
| Signed by Patient……………………………………………………………… | | | Date | |

**Please note for your information.**

Please remember to keep all your account details secure. If you think your account details may have been shared with someone you should reset them straight away. If you have any queries or concerns about the service or wish to withdraw from the service please speak to our Practice Manager

(Mrs Fran Guy), Patient Services Manager (Mrs Rachel Hurst) or Reception Manager (Mrs Nicola Tatton).

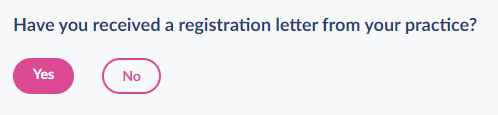
|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For practice use only | | | |  |
| Patient NHS number | | Practice computer ID number | | |
| Identity verified by (initials)  Date | Method used | Vouching □  Vouching with information in record □ Photo ID and proof of residence □ | | |
| Documentary evidence provided | | |  | |
| Authorised by | | | Date | |
| Date account created | | | | |
| Date login credentials emailed/given | | | | |
| Level of record access enabled  Detailed coded record □  All prospective □  All retrospective □  Other limited parts□ □ | | Notes / explanation | | |
| Date clinical assurance completed | | Assured by (initials) | | |
| Reason for refusal if record access is refused after clinical assurance. | | | | |

**Patient Online Services**

All New Patients registering at the practice from the 1st April 2019 will have automatic full online access to prospective data for their medical record. Please speak to a member of the reception team when you register for your PIN Access Code.

Registering with your practice

When you have a registration letter, use the steps below to set up your Patient Access account.

1. Go to [**https://app.patientaccess.com/registration**](https://app.patientaccess.com/registration).
2. If you do not have an account you need to click on **Register Now**
3. Enter the practice postcode or name of where you are currently registered.
4. Select **Search**.
5. Select your practice from the list provided.
6. Select **Continue**.
7. Below the question 'Have you received a registration letter from your practice?', select **Yes**.  
     
   
8. Enter the Linkage key (which is recorded on the registration letter).
9. Enter the Account ID (which is recorded on the registration letter).
10. Select **Confirm**.
11. Enter your personal details, then select **Continue**.  
    **Note:** The personal details must match the details held by your practice.
12. Enter your email address (please note this must be unique to your account), mobile number (optional), and a password of your choice.   
    **Note:** Your password must be at least 8 characters in length, contain at least one upper-case letter, one lower-case letter and one number.
13. Select the box to accept the terms and conditions.
14. Select **Register and create account**.  
    Your account has been created.

01.04.2019