



Important Information Please read before completing the form

Patients who wish to, can use the internet to book appointments with a GP, request repeat prescriptions for any medications taken regularly and look at their medical record online. This is in addition to contact through traditional means for all of these services.

It is a patient's responsibility to keep their login details secure. If you suspect that your record has been accessed by someone who does not have permission to do so, then you should change your password immediately. If you are unable to do this, we recommend that you contact the practice so that online access can be revoked until the issue is resolved.

Any information printed from a patient's record, by a patient or their representative, is the responsibility of the patient (or representative) to keep secure. If you are worried about securely storing copies, we recommend that you do not make copies.

In the process of carrying out their normal duties, Practice staff have to input data to your record; this could be attaching a document received or something similar – you may notice administrator or reception staff names alongside some medical information – this is normal and not a cause for concern.

The definition of "Full Medical Record" is all of the information that is held in a patient's record, including; letters documents and free text added by staff, usually the GP. The "coded record" is all the information that is in coded form, like diagnosis, signs and symptoms – but excludes letters, documents and text.

Before applying for online access to your record, there are some things to consider. Although the chances of these circumstances are low, you will be asked to confirm that you have understood the following:

Forgotten History

There may be something that you have forgotten about in your record that you might find upsetting

Abnormal results or bad news

If you have access to test results or letters, you may see something that you find upsetting to you. This may occur before you have had a chance to speak to a Doctor or while the surgery is closed and unavailable for contacting

Choosing to share your information with someone

This is your choice to make, and may be very helpful for you – however, it is your responsibility to ensure that your information remains secure.

Coercion

If you think that you may be pressured into revealing details of your record to someone against your will, it is best that you do not register for online access.

Misunderstood Information

Your medical record is designed to be interpreted by clinical professionals to ensure you receive the best possible care; therefore some of the information within your medical record may be highly technical, written by specialists and not easily understood. Please contact the Surgery for clarification and explanation of your records.

Information about someone else

If you spot something in the record that is not about your, or there are other errors, please log out of the system immediately and contact the practice as soon as possible.

More information can be found at: www.nhs.uk/nhsengland/aboutnhservices/doctors/pages/gp-online-services.aspx

ACCESSING ONLINE SERVICES



Before your request for online access can be processed, we will need to see photographic proof of your identity. In order to ensure that we can complete this request in a timely manner, please ensure that you have brought a form of Identification (Photo & Address)

First Name		Middle Name(s)	
Surname		Date of Birth	
Address			
NHS number		Telephone number	
Email address			

I wish to have online access to: (tick all that apply)	
View and book appointments	<input type="checkbox"/>
View and request medication	<input type="checkbox"/>
Access my <i>Coded</i> Medical record (definition provided on previous page)	<input type="checkbox"/>
Access my <i>Full</i> Medical record (definition provided on previous page)	<input type="checkbox"/>
Access my Summary Care Record	<input type="checkbox"/>
Complete online questionnaires	<input type="checkbox"/>

I wish to access my medical record and understand and agree with the statements below: (tick)	
I have read and understood the "Important Information" on the previous page	<input type="checkbox"/>
I accept that I am responsible for all information I see or download	<input type="checkbox"/>
If I share my information with anyone else, I accept that it is done at my own risk	<input type="checkbox"/>
I will contact the practice immediately if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
I will log out and contact the practice immediately if I see information in my record that is not about me, or is inaccurate.	<input type="checkbox"/>

Signature		Date	
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For Practice use only:

Identity verified by	Self-Vouching <input type="checkbox"/>	Vouching through Information - Check <input type="checkbox"/>	
	Photo ID <input type="checkbox"/>	Proof of Residence <input type="checkbox"/>	Professional Vouching <input type="checkbox"/>
Name of Verifier		Date	
Name of Authoriser		Date	
Notes			