

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.
- If you were registered for the OLD Patient Access Online Services, you should not need to provide ID again. We will check your records for completed verification.

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. (please mark with 'x')

**I confirm my mobile telephone number may be used for surgery purposes/notifications only. (please mark with 'x')

I wish to have access to the following online services (please mark with an x):

	Yes	No
Booking appointments	<input type="checkbox"/>	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>	<input type="checkbox"/>
Accessing my summary care record (<i>access details of their medication, allergies and adverse reactions</i>) [93440]	<input type="checkbox"/>	<input type="checkbox"/>

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

I have read and understood the information leaflet "Keeping your online health and social care records safe and secure" – available online at: http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf (copy and paste this link into your browser)
I will be responsible for the security of the information that I see or download
If I choose to share my information with anyone else, this is at my own risk
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
If I see information in my record that it not about me, or is inaccurate, I will log out immediately and contact the practice as soon as possible

Full Name		Date	
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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	Add EMIS Read Code: 91B		
Give this completed form to admin to scan document into patient's records			