**Patient Online: Records Access**

**Patient information leaflet ‘It’s your choice’**

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| If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can continue to use the telephone or call in to the surgery for any of these services as well. It’s your choice. |

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| Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday, business or family trips. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care. |

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| You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer. |

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| **It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not authorised should see it, then you should change your password immediately** |

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| **If you cannot do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.** |

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| **If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.** |

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| **The practice has the right to remove online access to services for anyone that does not use them responsibly** |
| 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. |

**Patient Online: Registration form**

**Access to GP online services**

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Address |  |
| Postcode |  |
| Email address |  |
| Telephone Number |  |
| Mobile Number |  |

**I wish to have access to the following:- (tick all that apply)**

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| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. Accessing my medical record |  |

**Application for online access to my medical record**

I wish to access my medical record online and understand and agree with each statement (please tick)

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| 1. I have read and understood the information leaflet provided by the practice |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk and the practice will not be held responsible |  |
| 4. I will contact the practice as soon as possible if I suspect that my medical record has been accessed by someone without my agreement |  |
| 5. 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 |  |

**For practice use only**

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| Identity verified through  (tick all that apply) | Vouching  Vouching with information in record  Photo ID  Proof of residence | Name of verifier | Date |
| Name of person who authorised  (if applicable) | | Date | |
| Date account created | | | |
| Date passphrase sent | | | |