**ONLINE SERVICES PATIENT INFORMATION**

**How do I get online access?**

Please complete the form below and hand into reception. You will need to bring photo ID and proof of address with you when handing in the completed form to reception.

On receipt of the completed form the reception team will issue you with a username and password unique to you, you can then book appointments and order repeat prescriptions via the NHS app or Systmonline.

If you would like access to your historic medical record the form will be passed to the administration team for processing and you will be notified by email or text that access has been granted. This can take up to 28 days from date of request.

**I am a new patient to the practice and had access to online services at my previous surgery can I still access?**

Yes, you can and your username and password should remain the same as before. On registering with the surgery your online services should automatically continue.

From 1st November 2022 any patient registering with the surgery with online access will be able to view their medical record, you will only be able to see information added to your record after the registration date.

If you would like to view your record information prior to the registration date you will need to complete the online access form which can be obtained from reception. The form should be handed to reception and will be processed by the administration team, this can take up to 28 days from the date of request.

**APPLICATION FOR ACCESS TO GP ONLINE SERVICES – THINGS TO CONSIDER**

Before you apply for online access to your medical health record, there are some 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 when you sign up for online services.

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 you share your information with others or not – 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>

**APPLICATION FORM FOR ONLINE ACCESS TO THE PRACTICE ONLINE SERVICES**

|  |  |  |
| --- | --- | --- |
| NAME: | | |
| DATE OF BIRTH: | | |
| ADDRESS: | | |
| CONTACT NUMBERS: | | |
| EMAIL ADDRESS: | | |
| I wish to have access to the following online services (please tick all that apply) | | |
| 1 Booking Appointment | |  |
| 2. Requesting repeat prescriptions | |  |
| 3. Accessing my online medical record (please read statements below) | |  |
| I wish to access my online medical record and understand and agree with each statement (please tick) | | |
| 1. I have read and understood the 'Things to Consider' 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, that it is at my own risk | |  |
| 4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible | |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the surgery as soon as possible | |  |
| 6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the surgery as soon as possible | |  |
| Signature: | Date: | |

**PRACTICE USE ONLY**

|  |  |  |
| --- | --- | --- |
| PATIENT NHS NUMBER: | | |
| IDENTIFY VERIFIED BY (Initials of staff member): | METHOD USED:  Vouching  Vouching with information in record  Photo ID and proof of residence  (Copies not required) | |
| DATE ONLINE ACCOUNT CREATED: | | |
| DATE ACCESS TO RECORD GIVEN: | | AUTHORISED BY: |