**Online Services Records Access - Patient Information Leaflet**

Please read this leaflet carefully. It aims to help you decide whether you want online access to your medical record. It explains what your rights and responsibilities are and gives some guidance on what having access means for you.

Access will enable you to do things such as:

* request repeat prescriptions for any medication you take regularly,
* look at your medical record online,
* it might help you to manage your medical conditions more effectively as it gives you access at anytime from anywhere.

**Things to consider before you make your decision:**

* **Forgotten history:** There may be something you have forgotten about in your medical record that you may find upsetting.
* **Choosing to share information with someone:** It is up to you whether you share your information with others. 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 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 specialist 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.

**Your responsibilities:**

* It is 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 agreed should see it, then you should change your password immediately. If you are unable to do this, we recommend that you contact the practice so that they can remove online access until you are able to reset the password.
* If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should contact the practice.
* If you print out any information from your record, it is also your responsibility to keep this secure. If you are worried about keeping printed copies safe, we recommend that you do not make copies at all.

**To apply & register**

You may have already signed up to other online services, but due to the highly confidential nature of this service, we require all patients to bring their ID to be validated.

You will need to visit the surgery with the application form completed and two documents: one showing proof of your address and the other being an item of photo ID.

Your application will need to then be approved by one of the clinical team and you will usually be able to view certain elements of your medical record within 5-10 working days.

Please note that clinical work will always take priority over admin such as this, so please be aware that this process may take a little longer than stated.

For more information about keeping your records safe and secure, you will find a helpful leaflet produced by the NHS:

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

**Please note that if you decide not to join or wish to withdraw, this is your choice, and we will continue to treat you in the same way as before.**

**Consent to proxy access to online services**

**Guidance notes- Please read before completing this form.**

If a child aged 13 or over has “sufficient understanding and intelligence to enable them to understand fully what is proposed”, then they will be competent to give consent from themselves but may wish a parent to countersign as well.

If the patient does not have capacity to consent and proxy access is considered by the practice to be in the patient’s best interest, then section 1 of this form can be omitted.

**Section 1: Patient consent**

* I …………………………………………………. (name of patient/child), give permission to my GP practice to give the following person/people ………………………………………… ……………………………………………………… proxy access to the online services as indicated in section 2.
* I reserve the right to reserve any decision I make in granting proxy access at any time.
* I understand the risks of allowing someone else to have access to my health records.
* I have read and understand the information leaflet provided by the organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Signature** |  | **Date** |  |

**Section 2: Access requested.**

* Online appointment booking
* Online prescription management
* Access to detailed coded medical records
* Access to prospective medical records (from the date the doctor has reviewed your medical records.

**Section 3: Applicant details**

I/we wish to have online access to the health records on **behalf of** the above-named patient.

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Surname** |  |
| **First Name** |  | **First name** |  |
| **Date of birth** |  | **Date of birth** |  |
| **Address** |  | **Address** |  |
| **Email** |  | **Email** |  |
| **Telephone** |  | **Telephone** |  |

**Section 4: Reason for access**

* I have been asked to act by the patient who has capacity.
* Patient is under 18 and I have full parental responsibility for the patient, who has consented to my making this request (13-18yrs)/or is incapable of understanding the request (delete as appropriate)
* I/we have been appointed by the Court to manage the patient’s affairs and attach certified copy of the court order appointing me to do so.
* I am/we are acting *in loco parentis* and the patient is incapable of understanding the request.
* I am/we are the deceased person’s personal representative and attach confirmation of my/our appointment (grant of probate/letters of administration)
* I/we have written and witnessed consent from the deceased person’s personal representative and attach proof of appointment.
* I/we have a claim arising from the person death.

**Section 5: Proxy declaration**

I/we wish to access the medical records of the above patient and I/we understand and agree with each statement (please tick)

* I/we have read and understood the information leaflet provided by the organisation and agree that I/we will treat the patient information as confidential.
* I/we will be responsible for the security of the information we see or download.
* I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without consent.
* If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the organisation as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature** |  | **Date** |  |
| **Applicant Signature** |  | **Date** |  |

**Section 7: Proof of identity**

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However,all applicants will be asked to provide two forms of identification, one of which must be photographic identification before access can be set up.

Please speak to reception if you are unable to provide this.

**ADDITIONAL NOTES:** Before returning this form, please ensure that you have:

Signed and dated the form.

Are able to provide proof of your identity.

Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

**For office use only:**

**Identification verification must be verified through two forms of ID**

* One of which must contain a photo e.g., passport, photo driving licence or bank statement.
* Where this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used.

|  |  |  |  |
| --- | --- | --- | --- |
| Request received |  | Request refused |  |
| Identification of | 🞏 Child (aged 13-17) | 🞏 Patient | 🞏 Applicant |
| Identity verified by |  | Date |  |
| Identity method | 🞏 Photo ID or proof of residence – Type ………………………………..🞏 Photo ID or proof of residence – Type ………………………………..🞏 Vouching – by whom ……………………………………………………🞏 Vouching with information in record – by whom …………………… |
| Proxy access authorised by |  |
| Proxy access coded in notes | 🞏 Yes | NHS/EMIS No: |  |
| Date account created |  | Date password sent |  |
| Level of access enabled | □ All | □Prospective | □ Retrospective | □ Limited parts |
| Notes for proxy access*(If any request is refused, discuss with the organisation’s DPO before informing patient/applicant)* |  |