Once you are registered for Patient Access System you are able to;- make appointments, request prescriptions and view your GP medical record online. The Patient Access medical record viewer allows you to look at test results, details of consultations and your medical history, including current and past medication.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information provided below to set up and operate the service. **You will need to provide two forms of ID;- one form of photographic ID e.g. Passport or driving licence AND one form of recent (within the last 3 months) non-photographic ID e.g. utility bill, bank statement etc. We will also need ID for any Proxy users.** If you are unable to provide this, we will be able to offer access subject to providing alternative ID or with the permission of your GP**.**

The following form will take you through the things you need to think about. By signing this form you accept the declarations listed below and will be giving us your permission to go ahead with setting up the service for you (subject to your specific access requests). If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.

**Conditions of Use and Declaration (please read the following and sign overleaf to accept):**

|  |
| --- |
| 1. I have read and understood the information leaflet about access to GP medical records. (only if medical record viewer) |
| 1. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not, access may be withdrawn. |
| 1. If I see information that does not relate to me, I will immediately log out and report the matter to the practice as soon as possible. |
| 1. I agree that it is my responsibility to keep my username and passwords secure. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record. |
| 1. I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved. |
| 1. If I notice any inaccuracies with my record, I will inform the practice manager as soon as possible of any errors or omissions. |
| 1. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress. |
| 1. I understand that, as before, I will be informed directly by the practice of any test results which require further action. However I understand that I may see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me. |

**Please note if you are requesting access to the online medical record viewer you will be notified by email when this is available after we have conducted the necessary checks on your computer record.**

**\*Please note: This can take up to 28 days.\***

**PATIENT DETAILS AND DECLARATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Patient: |  | | |
| Date of Birth: |  | Age if Under 16: |  |
| Full Address |  | | |
| Postcode: |  | | |
| Contact Tel number: |  | | |
| \*E-Mail Address: |  | | |
| \*Your access details will be sent via email to this address. Please ensure this is clearly written as you will receive your welcome letter via this email (unless applying for proxy access) | | | |
| **PATIENT ACCESS for patients only**  I wish to request login details to use PATIENT ACCESS  I wish to give proxy access to the person named below  I wish to request access to view my medical record | | | |

|  |
| --- |
| **PROXY ACCESS for parent/guardian/carer/explicit consent**  *If you are requesting proxy access on behalf of a child (up to 16 years#) or for a patient for whom you have legal responsibility please give your details below:*  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gender: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Tel Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\*If you do not already have a patient access account, details will be sent via email to this address. Please ensure this is written clearly.**  Relationship to patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *# Please note that access for a child will be revoked when they reach 11 or 16 years of age. They will then need to apply for their own login, if competent to do so, or reapply for proxy access.* |
| **PROXY ACCESS will be added to your PATIENT ACCESS account, if you do not have one, we will create one for you.**  Please tick which services you will need proxy access for:  Appointments  Repeat prescriptions  Demographics  Record Access |

I confirm that I am the patient detailed above. [ ]

Or I am the legal parent/guardian of the child named above and the child is under 16. [ ]

Or I have legal responsibility and consent to access the record of patient named above [ ]

I have read and accept the conditions of use

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Office Use Only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Emis No: |  | Date: | Taken by: | Email sent: YES/NO |
| \*ID Seen: | 1.Passport / Driving Licence – Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2.Bank Statement / Utility bill / Other (Please specify) Details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \*Approved by GP: | Date |
| Access granted (e-mail sent): YES/NO  Account already setup | | Date: | MR Viewer: YES/NO | Actioned by: Date: |

\* complete one of these