

SOUTH MOLTON MEDICAL CENTRE

Online Services Records Access

Patient information leaflet 'It's your choice'

Please read this information before completing your registration form.

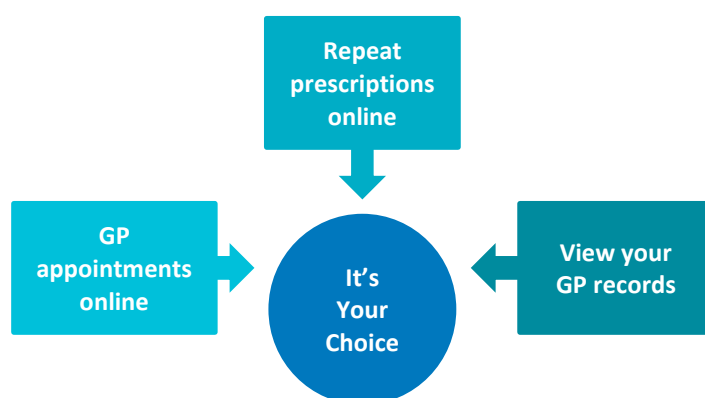
If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

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. 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.

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.

PLEASE BRING TWO FORMS OF IDENTIFICATION WITH YOUR APPLICATION FORM; ONE PHOTO ID AND ONE RECENT ADDRESS ID

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.



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 agreed should see it, then you should change your password immediately.

If you can't 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.

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.

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>

Application for online access

| | |
|------------------|---------------|
| Surname | Date of birth |
| First name | |
| Address | |
| Postcode | |
| Email address | |
| Telephone number | Mobile number |

| | |
|--|--------------------------|
| I have read and understood the information leaflet provided by the practice | <input type="checkbox"/> |
| I will be responsible for the security of the information that I see or download | <input type="checkbox"/> |
| If I choose to share my information with anyone else, this is at my own risk | <input type="checkbox"/> |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | <input type="checkbox"/> |
| If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | <input type="checkbox"/> |

I wish to have access to the following online services (please tick all that apply):

| | |
|---------------------------------|--------------------------|
| Booking appointments | <input type="checkbox"/> |
| Requesting repeat prescriptions | <input type="checkbox"/> |

I wish to access my detailed coded medical record online and understand and agree with each of the above statements.

This will require authorisation by a GP and will be available within 21 days of request.

| | |
|--|--------------------------|
| Access to my detailed coded medical record | <input type="checkbox"/> |
|--|--------------------------|

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Forms of Identification

Please bring in one form of photo ID **and** one recent address ID from the list below:

| | |
|-------------------------|--------------------------|
| Photo driving licence | <input type="checkbox"/> |
| Passport | <input type="checkbox"/> |
| NHS Medical card | <input type="checkbox"/> |
| National Insurance Card | <input type="checkbox"/> |
| Birth Certificate | <input type="checkbox"/> |
| Marriage Certificate | <input type="checkbox"/> |
| Paid Utility Bill | <input type="checkbox"/> |
| P45 | <input type="checkbox"/> |
| Photo Bus Pass | <input type="checkbox"/> |

For practice use only

| | | | |
|---------------------------------|------|---|------|
| Patient NHS number | | Practice computer ID number | |
| Identity verified by (initials) | Date | Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> | |
| Authorised by | | | Date |
| Date account created | | | |
| Request sent to GP | | | |
| | | | |