

## **Online access to your medical record**

This service will allow you to view the following information from your medical record online: medication, allergies, immunisations, problems, test results, consultation dates and some information from consultations.

### **Please read this information carefully before registering for online access to your medical record**

In order to register, you will need to:

- a) Read this information leaflet
- b) Complete the attached application form
- c) Provide some photo ID, or at least 3 alternative forms of ID

## **Important points to consider before registering for access to online services**

**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 or allowing someone else direct access to your record against your will, it is best that you do not register for access at this time.

**Information about someone else:** If you spot something in the record that is not about you or notice any other errors, please inform the practice immediately.

## **General access rules**

**Patients aged 16** and over can access their online medical record.

We do not generally allow access to anyone else, including children's parents. If you feel that you should have access, you can arrange an appointment with a GP to discuss this.

**Patients aged under 16** will need to discuss access with a GP, to determine that they have the capacity to safely control access to their record.

**Parents who wish to access their child's record** will need to discuss this with a GP who will need to agree the following in order to allow access:

- 1) The child does not have capacity to manage access to their online record themselves, and;
- 2) It would be in the child's best interests to allow access to a named parent.

The same applies to **anyone wishing to access records on behalf of an adult who lacks capacity**.

## **Housebound patients**

In cases where a patient cannot get to the practice to register themselves, they may nominate a proxy to register on their behalf by completing the proxy application form – this does not give the proxy the right to access the service themselves.

## **You will not be allowed to register if:**

- You cannot provide photographic ID, or at least 3 alternative forms of ID.
- A clinician feels that there is a risk of coercion.

**PLEASE NOTE:**

You will not be able to view any medical information online immediately after registration. This is because your record will need to be reviewed before we can allow access. This is to ensure that there is no information contained within it that may cause you harm or distress, and that there is no information relating to a third party which we do not have consent to release. This is a standard process, and is the same procedure that would be followed if you were to request a paper copy of your records. Once this process has been completed, we will alter your account settings to allow you to view your medical information online. We will contact you as soon as this has been done (usually within a month, using the contact details you provide on your application form) to let you know when you can access your information online.

**Online access to the medical record  
Application Form – Patient aged 16 or over**

**Please note** only the patient themselves is able to register for this service - this cannot be done by someone else.

First name	
Surname	
Date of birth	
Age	
Email address (used for password recovery)*	
Mobile phone number (used for password recovery)*	

**\*Please note: both an email address and a mobile number must be provided in order to use the password recovery facility – these will be stored in your contact details in your medical record**

I have read and understood the leaflet provided to me by the practice	<input type="checkbox"/>
I will be responsible for the information that I see, download or print	<input type="checkbox"/>
If I choose to share my information with anyone else, that 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 without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate I will log out immediately and contact the practice	<input type="checkbox"/>

We will let you know once your access has been granted.

Please indicate how you would prefer to be contacted:

Post  (address as above)

Phone  Phone number to use: .....

Tick if you are happy for us to leave a message about this

Email  Address to use if different to above: .....

**For staff use**

First name		Surname	
Identity verified	<input type="checkbox"/>		
Type of identity document(s)			
Date			