**MAPLE SURGERY**

**Accessing GP Records Online - Patient Leaflet**

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online. Some patients may wish to access more information online and contractually from 1st April 2015 practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1st April 2016 coded data.

However this requires additional considerations as outlined in this leaflet. You will be asked that you have read and understood this leaflet before consenting and applying to access your records online. The practice will also need to verify your identity.

Please note:

* 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.
* The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.

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 TO MY RECORD**

|  |
| --- |
| I wish to have access to the following online services (please tick all that apply): |
| 1. Booking appointments 2. Requesting repeat prescriptions 3. Limited access to parts of my medical record  |
| I wish to access my medical record online and agree with each statement below (tick): |
| 1. I have read and understood the information 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, this is at my own risk 4. I will contact the practice as soon as possible if I suspect that my accounthas been accessed by someone without my agreement 5. If I see information in my record that is not about me or is inaccurate, I willcontact the practice as soon as possible 6. I agree to provide the surgery with photo ID to allow my identity to be verified Signature…………………………………….. Date…………………………………………… |
| For practice use only |
| Method of verification: Vouching  Vouching with information in record Photo ID and proof of residence  Date of Verification……………………………………….Verified by………………………………………………………… |

**MAPLE SURGERY**

**Consent to Proxy Access to GP Online Services**

**Note:**If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patients best interest, Section 1 of this form may be omitted.

**Section 1**

I,…………………………………………. (name of patient), give permission to my GP practice to give the following person…………………………………………………… proxy access to the online services as indicated in section 2 below.

I reserve the right to reverse 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 provided by the practice regarding online services

|  |  |
| --- | --- |
| Signature of Patient: | Date |

**Section 2**

|  |
| --- |
| 1. Booking appointments 2. Requesting repeat prescriptions 3. Limited access to parts of my medical record  |

**Section 3**

I, ………………………………………………………………….. (name of representative) wish to have online access to the services ticked in section 2 for ……………………………… …………………………………….(name of patient).

I understand my responsibility for safeguarding the sensitive medical information and I understand and agree with each of the following statements:

|  |
| --- |
| 1. I have read and understood the information 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, this is at my own risk  |
| 4. I will contact the practice as soon as possible if I suspect that my account |
| has been accessed by someone without my agreement  |
| 5. If I see information in my record that is not about me or is inaccurate, I will |
| contact the practice as soon as possible  |
| 6. I agree to provide the surgery with photo ID to allow my identity to be verified  |
| Signature of representative |
| Date of Signature |

**Details of patients who records are to be accessed**

|  |  |
| --- | --- |
| First name | Surname |
| Date of birth | Tel No |
| Address |
| Email address |

**Details of the representative seeking to have proxy access to patients online records**

|  |  |
| --- | --- |
| First name | Surname |
| Date of birth | Tel No |
| Address |
| Email address |

|  |
| --- |
| For practice use only |
| Patients NHS Number | Method of verification: Vouching  Vouching with information in record Photo ID and proof of residence  |
| Proxy access authorised by | Date authorised |

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