

ABBHEY-DALE MEDICAL CENTRE

ONLINE ACCESS TO HEALTH RECORDS REQUEST

In accordance with the UK General Data Protection Regulation (UK GDPR)

Guidance notes – please read the attached Online Access Information Leaflet before completing this form (please detach and keep the leaflet):

If a child aged 13 or over has ‘sufficient understanding and intelligence to enable him/her to understand fully what is proposed’ (known as Gillick Competence), then s/he will be competent to give consent for him/herself but may wish a parent to countersign as well.

Tick only one box – a separate form is required for each type of access required

- Patients requiring access to their own record (Sections 1, 2 and 7)
- Proxy access to health records where patient has capacity (Sections 1, 3, 5, 6 and 7)
- Proxy access to health records where patient does not have capacity (Sections 1, 4, 5, 6 and 7)
- Parents requiring access to their child’s (age 11-16) record (Sections 1, 3, 5, 6 and 7)

Section 1: Patient details

Surname:		Former name:	
Forename:		Title:	
Date of birth:	____/____/____	Address:	
Telephone number:		Postcode:	
NHS number: (if known)		* Email address:	

* Log in details will be sent to this email address

Section 2: Record requested

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"/>
Access to my medical records	<input type="checkbox"/>
Ability to message the practice	<input type="checkbox"/>

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I wish to access my medical record online and both understand and agree with each of the following statements (tick):

I have read and understood the information leaflet provided by the organisation	<input type="checkbox"/>
I understand that I will automatically see any new information (prospective records) that is added to my healthcare record.	<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 organisation 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 organisation as soon as possible	<input type="checkbox"/>

Patient signature		Date	
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Section 3: Consent to proxy access to GP Online Services (if patient has capacity)

- I..... (name of patient), give permission to my GP practice to give the following person proxy access to the online services as indicated below in Section 5
- 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 leaflet provided by the organisation

Patient signature		Date	
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I wish to have access to the health records on **behalf of** the named patient in Section 1.

Title		Gender	
First name		Surname	
Date of birth		Relationship to patient	
Address		Postcode	
Telephone		* Email	

* Access codes will be sent to this address

(A separate form is required for each person requiring access).

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Reason for access:

I have been asked to act by the patient	<input type="checkbox"/>
I have full parental responsibility for the patient and the patient is under the age of 16 and has consented to my making this request.	<input type="checkbox"/>
I have full parental responsibility for the patient and the patient is under the age of 16 and is incapable of understanding the request	<input type="checkbox"/>

(A new form will need to be completed when the child turns 13)

Section 4: Consent to proxy access to GP Online Services (if patient does not have capacity)

I wish to have access to the health records on **behalf of** the named patient in Section 1.

Title		Gender	
First name		Surname	
Date of birth		Relationship to patient	
Address		Postcode	
Telephone		Email	

(A form is required for each person requiring access).

Reason for access:

I have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<input type="checkbox"/>
I am acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>

We will be in contact with you to discuss the patient's lack of capacity if we need more information.

Section 5: Proxy access online services available

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

Booking appointments	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Requesting repeat prescriptions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Access to the patients medical records (<i>may be restricted</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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Section 6: Proxy declaration

I wish to access the medical record online of the patient named in section 1 of this form and I understand and agree with each statement below (tick)

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

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the [Data Protection Act 2018](#).

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Applicant signature		Date	
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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 (including Proxy)** will be asked to provide two forms of identification, one of which must be photographic identification before access can be set up. Without proof of identity access may be refused.

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 or alternatively confirmed your identity by a countersignature
- 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.

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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	
Reviewed by HCP		Request completed	
Comments			
Identification of:	<input type="checkbox"/> Child (aged 11-16)	<input type="checkbox"/> Patient	<input type="checkbox"/> Proxy
Identity verified by:		Date	
Identity method Patient	<input type="checkbox"/> Photo ID or proof of residence – Type _____ <input type="checkbox"/> Photo ID or proof of residence – Type _____ <input type="checkbox"/> Vouching – by whom _____ <input type="checkbox"/> Vouching with information in record – by whom _____		
Identity method Proxy	<input type="checkbox"/> Photo ID or proof of residence – Type _____ <input type="checkbox"/> Photo ID or proof of residence – Type _____ <input type="checkbox"/> Vouching – by whom _____ <input type="checkbox"/> Vouching with information in record – by whom _____		
Proxy access authorised by			
Proxy access coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Date account created		Date password sent	
Level of access enabled	<input type="checkbox"/> All	<input type="checkbox"/> Prospective	<input type="checkbox"/> Retrospective <input type="checkbox"/> Limited parts
Notes for proxy access <i>(If any request is refused, discuss with the organisation's DPO before informing patient/applicant)</i>			

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Online Access Information Leaflet

Please retain this for your own records

If you wish to, you can now use the internet or an app to book appointments at your surgery, request repeat prescriptions for any medications you take regularly and to look at medication, allergies and adverse reactions within your medical record. Our recommended app is the NHS App [<https://www.nhs.uk/nhs-app/>].

You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

By using the app, you are also able to see your record online, this might help you to take better control of your health and access services more easily. If you decide not to join via the app, 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.

The practice has a responsibility to safeguard all patients' confidential medical records and therefore proof of identity will be required for online access to be granted or extended. It may be possible for staff to "vouch" for the identity of patients well known to them but as we cannot guarantee that a specific member of staff will be available, all patients should be prepared to produce 2 forms of identification, one of which must be a photo-ID, such as a passport or driving license. If existing users of online services wish to extend their access to view more information within their medical record, then they should also complete the relevant registration form and be prepared to produce two forms of identification.

If, as a parent, you are applying for access to your child's records, we will need you to confirm your parental rights. If your child is competent and able to understand the implications of your access, then we will need to get their consent first, even if they are under 16 years of age. Where parental access is granted for children, this will automatically be removed when the child reaches the ages of 11 and again at 16 in order that a further discussion can be held as to whether the child is then competent and able to understand the implications of parental access. Access to a child's records will require the approval by a GP.

If, as a carer, or family member, you are applying for access to another person's records then this will require the individual's permission and the approval of a GP.

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 cannot do this for some reason, we recommend that you contact the practice so that we 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 your login details:

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THINGS TO CONSIDER

Forgotten History

There may be something you have forgotten about in your record that you may 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 Nurse or while the surgery is closed and you cannot contact them.

Choosing to Share Your Information

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