

## Application form for online access to the practice online services

<b>First name:</b>	<b>Surname:</b>
<b>Date of Birth:</b>	<b>NHS number:</b>
<b>Home telephone number:</b>	<b>Mobile telephone number:</b>
<b>Email address:</b>	
<p><b>If you already have access to any parts of your medical record this will not change. You only need to complete the form if you require further access.</b></p> <p><b>You must read the important notes and considerations on the second page before requesting access.</b></p>	
<p><b>I only wish to have access to the following parts of my medical record (this will be from the date that we process your request not the date we receive your request)</b></p>	
Allergies	<input type="checkbox"/>
Immunisations/Vaccines	<input type="checkbox"/>
Test Results	<input type="checkbox"/>
Repeat prescriptions/medicines	<input type="checkbox"/>
Medical problems	<input type="checkbox"/>
<b>OR:</b>	
<b>I wish to have access to my full medical record (this will be from the date that we process your request not the date we receive your request)</b>	<input type="checkbox"/>
<p><b>For any records access please complete the section below, print and sign the form and attend Deddington Health Centre reception with your ID. We do NOT accept electronic submissions as we need to verify your identity at the Practice.</b></p> <p><b>You will need to bring one form of photo ID (passport/driving licence) and one proof of address from the list below:</b></p> <ul style="list-style-type: none"> <li>• Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months</li> <li>• Current council tax bill this year</li> <li>• Bank or Building Society statement within the last three months</li> <li>• Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address</li> </ul>	
I will be responsible for the security of the information that I see or download.	<input type="checkbox"/>
I have read and understood the information on the next page.	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will not share this information and will contact the practice as soon as possible.	<input type="checkbox"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>
<b>Signature:</b>	
<b>Full name (PRINTED):</b>	
<b>Date:</b>	

## IMPORTANT NOTES

- 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. Access can also be gained on some phones using fingerprints or Face ID – please consider this.
- If you have concerns about this, 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 they feel it could harm or be put at risk.
- You should consider the list of key considerations below.

### *Key considerations:*

#### ***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 practice 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 practice 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.

**For office use only:**

<b>Date request received:</b>	
<b>Date of Birth:</b>	<b>NHS number:</b>
<b>Identity verified by (staff name):</b>	
ID documentation checked (at least one form of photo ID and one form of proof of address):	
Passport	<input type="checkbox"/>
Driving licence	<input type="checkbox"/>
Proof of address from the list below: <ul style="list-style-type: none"><li>• Utility bill (gas, electric, satellite television, landline phone bill) issued within the last three months</li><li>• Current council tax bill this year</li><li>• Bank or Building Society statement within the last three months</li><li>• Solicitors letter within the last three months confirming recent house purchase or land registry confirmation of address</li><li>• Original mortgage statement from a recognised lender issued for the last full year</li></ul>	<input type="checkbox"/>
<b>EMIS search check completed (staff name):</b>	
<b>Date EMIS search check completed:</b>	
<b>Clinical review required? Yes/No (Delete as appropriate)</b>	
<b>Clinician to complete review:</b>	
<b>Notes:</b>	
<b>Authorised By (staff name):</b>	
<b>Authorised Date:</b>	
<b>Patient configured in EMIS online access for requested access and dates set from date authorised for access (staff name):</b>	
<b>Records access code added to patient record (staff name):</b>	
<b>Completed paperwork scanned to EMIS record (staff name):</b>	
<b>Date patient informed of access:</b>	
<b>Reason for refusal:</b>	
<b>Refusal By (staff name):</b>	
<b>Records access code added to patient record (staff name):</b>	
<b>Date patient informed of refusal:</b>	
<b>Notes:</b>	