

**PATIENT ACCESS TO ONLINE SERVICES – PATIENT INFORMATION (page 1)**

**Our online service offers a range of services including booking telephone triage appointments, requesting repeat prescriptions and viewing parts of your medical record.**



**How to apply**

Complete the attached online application form and pass it to Reception. The Practice will also need to verify your identity. You will be asked that you have read and understood this patient information before consenting and applying to access your records online. Your application will be passed to your GP to authorise and we will notify you of the GP's decision. We only offer this service to patients aged 16 or over and who come to reception themselves to collect and complete the necessary paperwork.

Access to another adult's or child's notes can be applied for by completing a "Proxy Access" application.



**How to register**

Once your GP has authorised your application you will be given details to register for online access. You then register and create a secure password for your individual use.

To register, go to [www.patientaccess.com](http://www.patientaccess.com)

**ONCE YOU ARE REGISTERED YOU CAN ACCESS THE FOLLOWING SERVICES**



**Book your next appointment online**

- You can view and book telephone triage appointments (initial assessment) at your convenience  
*We operate a triage system if you are unwell and need to see a clinician on the same day. A clinician will telephone you back to discuss your symptoms. You may then be asked to come to the Practice. Online triage appointments should not be used for any other purpose. All Nurse appointments should be booked by telephoning the Practice.*
- You can cancel appointments at your convenience
- Electronic management of appointments
- Quick and easy to use
- Avoid busy telephone lines
- Access outside Practice hours



**Request repeat prescriptions online**

- Access a list of your repeat medications and request a repeat prescription  
*Note: this service is not for new prescription requests, only existing prescriptions already on "repeat"*
- Minimise your trips to the Practice
- Your request is authorised online by the Practice, so you know when it is ready to collect
- Avoid queues and busy telephone lines



**View parts of your medical record online** - including information about medication, allergies, vaccinations, previous illnesses and test results.



**Patient.co.uk**

Patient Access contains links to [www.Patient.co.uk](http://www.Patient.co.uk) which is a trusted comprehensive source of GP-approved health information leaflets for patients.



**Mobile app**

The free Patient Access app provides greater convenience for patients who are away from a computer, with access to a Smartphone. Download at: [patient.co.uk/accessapp](http://patient.co.uk/accessapp)



**Safe and secure**

All data contained within Patient Access is protected using the highest standard internet security so you can be sure all your personal information is safe and secure.

**PATIENT ACCESS TO ONLINE SERVICES – PATIENT INFORMATION (page 2)**

**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 cannot 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 does not use them responsibly.

**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, 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.

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 MEDICAL RECORD**

Surname		First name(s)	
Address		Date of birth	
Postcode			
Email address <i>(Your email address must be independent and not linked to another online account user)</i>			
Telephone number		Mobile number	

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

- |  |                          |
|--|--------------------------|
| 1. Booking telephone triage appointments (initial assessment)                                    | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions   | <input type="checkbox"/> |
| 3. Limited Access (1 & 2 plus access to medication information and allergy information)          | <input type="checkbox"/> |
| 4. Detailed Access (1, 2 & 3 plus access to problem summary, test results, immunisation history) | <input type="checkbox"/> |

**I wish to access my medical record online and understand and agree with each statement (tick to agree)**

- |   |  |
|---|--|
| A. I have read, understood and kept the "Access To Online Services – Patient Information" provided by the Practice                | <input type="checkbox"/>   |
| B. I will be responsible for the security of the information that I see or download   | <input type="checkbox"/>   |
| C. If I choose to share my information with anyone else, this is at my own risk   | <input type="checkbox"/>   |
| D. 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"/>   |
| E. 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"/>   |
| F. I accept that if I misuse the online appointment system my access to this service may be withdrawn                             | <input type="checkbox"/>   |
| G. I would like my log in details emailed to me <input type="checkbox"/>  | I would like to collect my log in details <input type="checkbox"/> |

Patient's Signature	Date
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**For Practice use only - this section to be completed by Receptionist accepting this form from patient**

Patient's NHS number	Patient's EMIS number	
Reception to verify identity – please tick the verification method used		
Vouching <input type="checkbox"/>	Vouching with information in record <input type="checkbox"/>	Photo ID and proof of address <input type="checkbox"/>
Completed by (Receptionist Name)		Date

**For GP to complete - GP to approve the level of access granted**

Contractual minimum (1 & 2 above) <input type="checkbox"/>	Notes / explanation
Limited access (1, 2 & 3 above) <input type="checkbox"/>	
Full Access (1, 2, 3 & 4 above) <input type="checkbox"/>	
No Approved Access <input type="checkbox"/>	
Signature of GP	

**For authorised Practice staff only (KB, VS, PB, CS, SH)**

Date account created	Created by	Log in Details	
		Emailed to patient <input type="checkbox"/>	Patient asked to collect <input type="checkbox"/>