

| Version | Date Published | Review Status |
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| 2.0 | November 2013 | Updated February 2016 |

Changes from the previous version are marked with a line in the margin

PATIENT ACCESS TO ONLINE SERVICES

Application form for access to Medical records

Introduction

The following Terms and Conditions are for patients to sign before being allowed to access clinical system direct online facilities, such as prescription ordering, or personal profile updates.

In addition, one of the following checks should be carried out to ascertain the patient's identity:

- Checking photo ID and proof of address, for example, a passport or driving licence and a bank statement or council tax statement
- If the patient has no ID but is well known to the surgery, a member of staff may be able to confirm their identity.

Terms and Conditions

- To apply for online access to the Practice's clinical system, patients must complete the declaration below and return this form for the attention of the Senior Administrator.
- Applications are "one per patient". Acceptance of one member of a family does not imply acceptance of other / further family members.
- Applications for online access ***will not*** be considered for patients who are under the age of 16.
- You can choose to let another person see your medical records, for example members of your family or a carer. To do this safely, contact the Senior Administrator at the surgery.
- Where access is refused this will be in writing, a reason will only be given at the discretion of the Partners.
- The Practice will not allow misuse of the online system and will monitor usage by individual patients. Where it is considered that a patient is misusing the system or is acting in a way detrimental to the availability of the appointment system, or other facilities, a warning letter will be issued. Where the situation does not improve, or recurs, access will be removed permanently and without further notice, at the discretion of the Partners.
- Repeat prescriptions may only be ordered where these appear on the repeat list, which is provided to patients on the tear-off portion of the last prescription issued. The request must match the repeat list exactly and must be due. Other items ordered or requested using this facility will not be actioned, and no contact will be made with the patient. Prescriptions ordered outside this guideline must be via reception staff.

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- Personal Information updating is subject to validation after submission.
- Approved access requests will be notified along with access instructions.
- Requests for reissuing of access log-in details will be responded to via telephone or in person.
- If you change surgeries, you will need to register again for online services at your new surgery.
- You can choose to stop using online services at any time by informing any Receptionist.

Agreement

I agree to the above Terms and Conditions, and others which may be reasonably imposed from time to time at the discretion of the Partners.

Please now complete the form below and bring this form to the Practice with both your:

- 1. Photo ID 2. Proof of Address**

Patient name: Date:

Email

Mobile No: Home No:

Patient signature:

| | | | |
|--|------|---|------|
| Patient NHS number | | Practice computer ID number | |
| Identity verified by (Receptionist name) | Date | Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> | |
| Authorised by | | | Date |
| Date account created | | | |
| Date passphrase sent | | | |
| Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/> | | Notes / explanation | |