Patient Access Information Leaflet

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| GP Online Services allow you to access a range of services via your **PC**, **mobile phone** or **tablet**. You can still contact the practice by phone or in person. Being able to see your record online will help you to manage your medical conditions better, whenever you need. It also means that you can access your details from anywhere in the world should you require medical treatment. You can close your account at any time. This decision will not affect the quality of your care. You will only be able to see appointments on the system if there are any available to book at that time.**To Register:** You must have an email address unique to you.  You must complete and sign the registration form. You must have your identity verified by one of our staff. **Verifying your identity** If you are well known to the surgery we may be able to do this by “verbal verification” by asking you questions about your health record. If you are not well known to the surgery or a new patient you will need to bring in some form of photographic identification. If you do not have identification or you cannot get to the surgery because of serious health problems talk to us - we can still help you register.Once you have been given or emailed your registration letter you must use it to register on your devices.If you are using a **PC** type this address in your browser <https://www.patientaccess.com/>Click on **REGISTER** put in our postcode PR25 2EB and off you go!Once you have completed registration you simply just sign in with your email and password.It will be your responsibility to keep your login details and password safe and secure. If you suspect that your record has been accessed by someone without your permission, then you should change your password immediately**.** If you are having any problems firstly contact the support centre within Patient Access.If you are still having problems after contacting them contact the surgery on 01772 214690 or email karen.rodgers8@nhs.net (please note that this department is not manned 24/7.) | **Things to consider before you register****Forgotten history****There may be something you see in your records that you have forgotten and may upset you. We do not redact any information.****Abnormal blood results or bad news**If you have been granted 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 surgery is closed and you cannot contact them.**Misunderstood information**Your medical record is designed to be used by clinical professionals to ensure 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 rather than googling!**Information about someone else**If you spot anything in your medical record that is not about you or is an error, please contact the surgery ASAP.**Printing hospital letters or other information**If you print out any information from your record, it is also your responsibility to keep this secure. If you do not have a secure place to store printed information, we would advise against printing any.**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 against your will, it is best that you do not register for access at this time.**Clinical Notes**All information dictated by clinicians was written in good faith and was representative of the case at that time.\*\*PLEASE NOTE: Your application may take up to a month to be processed\*\* |

Application form for online access to the practice online services

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| Surname:  | Date of birth:  |
| First name:  |
| Address:  |
| Email address:  |
| Telephone number:  | Mobile number:  |
| Registering for patient access will allow you to: book appointments, request repeat prescriptions and view your medical record. You will automatically be given access to all data which is electronically held by the Practice.  |
| I wish to access my medical record online and understand and agree with each statement (tick) |
| I have read and agree to the information given on the information leaflet provided. | □ |
| I will be responsible for the security of the information that I see or download, including keeping my username and password secure. | □ |
| If I choose to share my information with anyone else, this is at my own risk. | □ |
| If I suspect that my account has been accessed by someone without my agreement I will contact the Practice as soon as possible. | □ |
| If I see information in my record that is not about me or is inaccurate, I will log out immediately and contact the practice as soon as possible | □ |
| I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service.  | □ |
| **I understand that no data will be redacted from my record, and so I may see information that I have forgotten about and that I may find upsetting.** | □ |
| I understand that I will only be given access to my records which are already held by the Practice electronically and that if I would like to see my whole medical record, including paper records which would have to be scanned on, I will have to make a separate request. | □ |
| I understand that I will be informed directly of any test results that require further action. **However, I understand that I may see these results online before the Practice has been able to contact me.** | □ |
| **I understand that all notes dictated by clinicians were written in good faith and are representative of the case at the time of writing.** | □ |
| Signature:  | Date:  |
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| **For Receptionist’s use only** |
| EMIS ID number:  |
| Identity verified by: | Method used | Vouching □Vouching with information in record □Photo ID □ |
| Evidence provided:  | Date: |
|  |
| **For Administrator’s use only** |
| Contraindications on record:  | Signature:Date: |
|  |
| **For Clinician’s use only** |
| Date access granted by clinician: |   Granted by (signature): |