**Accessing GP Records Online- Patient Information Leaflet**

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| Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online. Some patients may wish to access more information online and contractually from 1st April 2015 practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1st April 2016 coded data.However this requires additional considerations as outlined in this leaflet. You will be asked that you have read and understood this leaflet before consenting and applying to access your records online. The practice will also need to verify your identity. 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 can’t 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 doesn’t use them responsibly.
* 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 & social care records safe <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf> |

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| 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 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. |

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Latchford Medical Centre

5 Thelwall Lane, Latchford, Warrington WA4 1LJ

# Application for online access for medication, appointments and medical records

**Please read the leaflet below before completing this form**

|  |  |
| --- | --- |
| Patients name:  |  |
| Date of birth:  |  |
| If patient is under 13 , Parent/ Guardians name: |  |
| Relationship to Patient: |  |
| Address:  |  |
| Email address:  |  |
| Mobile contact number:  |  |
| Home contact number: |  |

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

|  |  |
| --- | --- |
| 1. Booking appointments for me or my child
 | ❑ |
| 1. Requesting repeat prescriptions for me or my child
 | ❑ |
| 1. Summarised access to mine/ their medical record
 | ❑ |

***POLITE NOTICE – Access will not be granted if the section below is not completed.***

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice | ❑ |
| I will be responsible for the security of the information that I see or download | ❑ |
| If I choose to share any or the information with anyone else, this is at mine or my child’s own risk | ❑ |
| I will contact the practice as soon as possible if I suspect that mine or my child’s account has been accessed by someone without my agreement | ❑ |
| If I see information in my record that is inaccurate, I will contact the practice as soon as possible | ❑ |
| The contact details that I have written at the top of this form are my correct details at this time. I will contact the surgery if these change. | ❑ |
| I am happy to receive SMS messages and emails from Latchford Medical Centre |  |
| I have provided the practice with photo ID to vouch and confirm that I am the person who wants access to their medical records or their children’s. | ❑ |
| Signature:  | Date: |

### For practice use only

|  |  |
| --- | --- |
| Method of photo identification Passport ❑ Driving license ❑ | Authorised by: Date |
| Notes: |