



## THE HAVEN PRACTICE

### **Patient Online Access Important Information**

If you wish to, you can now use the Patient Access or the NHS App to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also email or phone us for these services; depending on what you need. It's your choice.

**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 we 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.**

#### **Before You Apply for Online Access to Your Record, There Are Some Other Things to Consider.**

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

#### **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. If you share your password rather than giving proxy access with other family members this will allow them to see what has been written into your record.

#### **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.

#### **Proxy Access**

Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of 11. Any subsequent proxy access will need to be authorised by the patient subject to a competency test being completed.



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**Patient Online Registration Form  
Proxy Access for All Under 16 Years**

**The Patient** (This is the person whose records are being accessed)

<b>Surname</b>			
<b>First Name</b>			
<b>Date of Birth</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Email Address</b>			
<b>Telephone Number</b>		<b>Mobile Number</b>	

**The Representatives** (These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

<b>Surname</b>			
<b>First Name</b>			
<b>Date of Birth</b>			
<b>Address</b>			
<b>Postcode</b>			
<b>Email Address</b>			
<b>Telephone Number</b>		<b>Mobile Number</b>	
<b>I Have Parental Responsibility for the Child (Tick Box)</b>			

**I Wish to Have Access to the Following Online Services (Tick All That Apply):**

Online Booking Appointments	
Online Prescription Management & Requesting Repeat Prescriptions	

I wish to access the above patient's medical patient medical record online, I understand & agree with each statement.

\_\_\_\_\_ (Name of Representative)

❖ I understand that I can Request Information & Educational Resources from my GP Practice	
❖ I understand my responsibility for safeguarding sensitive medical information	
❖ I have read and understood the information on this form and agree that I will treat the patient information as confidential	
❖ I will be responsible for the security of the information that I see or download	
❖ I will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	
❖ If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible.	
<b>Signature/s of Representative:</b>	<b>Date:</b>

**Please Complete the Following for 11-16 Years Only**

If the Patient does not have the capacity to consent to grant proxy access and proxy access is considered by the Practice to be in the Patients best interest or they are aged under 11 years, this section can be omitted as this part only applies to those aged 11-16 years:

I \_\_\_\_\_ (**Name of Patient**), give permission to my GP Practice to give the following person: \_\_\_\_\_  
 Proxy Access to the Online Services as indicated on this Consent Form.

**I understand that as I am aged 11-16 years, Consenting to Proxy Access to my Representatives will only include the following: Booking Appointments, Repeat Prescriptions, & Allergies.**

❖ I reserve the right to reverse <b>any</b> decision I make in granting Proxy Access at any time.
❖ I understand the risks of allowing someone else to have access to my health records.
❖ I have read and understand the information leaflet provided by the practice.

<b>Signature of Patient:</b>	<b>Date:</b>
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## For Practice Use Only

Patient NHS Number:		
Identity Verified By (Initials) Date:	Method Used	Vouching <input type="checkbox"/> Vouching with Information In Record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Documentary Evidence Provided		
Authorised By:		Date:
Date Account Created & Credentials Emailed/Given:		
Level of Record Access Disabled / Enabled (Please Circle) If Disabled, Please Specify		Notes /Explanation:
Patient NHS Number:		
Identity Verified By (Initials) Date:	Method Used	Vouching <input type="checkbox"/> Vouching with Information In Record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Documentary Evidence Provided		
Authorised By:		Date:
Date Account Created & Credentials Emailed/Given:		
Level of Record Access Disabled / Enabled (Please Circle) If Disabled, Please Specify		Notes /Explanation:

### Information for Those with PROXY Access

- ❖ Remind proxy that the patient's GP *might* need to discuss this application further with either the patient, or the proxy, or both
- ❖ Advise that the practice will contact the proxy to collect registration details if proxy is not already registered for online access, or the proxy might be emailed the details directly
- ❖ Otherwise, proxy access will be automatically activated once GP has approved application
- ❖ Understand that Proxy access to a child's record will be removed at the age of 11, to continue to receive proxy access to a child's record over the age of 11, the child must be deemed competent and provide consent.
- ❖ If the child is deemed to not ever be competent the parent may retain proxy access to the child's record, legal documentation may be required.

**Once the Form Has Been Completed It Should be Scanned & Filed to the Patient's Record.**

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