



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
Access to GP Online Services for Adults**

Surname			
First Name			
Date of Birth			
Address			
Postcode			
Email Address			
Telephone Number		Mobile Number	

I wish to have Access to the Following Online Services (Tick All that Apply)

Online Booking Appointments	<input type="checkbox"/>
Online Prescription Management & Requesting Repeat Prescriptions	<input type="checkbox"/>
Online Access Future Medical Record Automatic access to view your record content from November 2022 or from date of Registration at your new GP Practice (Exclusions Apply)	<input type="checkbox"/>
Online Access Past Medical Record to view past Medical Record. There may be a considerable delay if you wish to request this access as we will need to review your record (Exclusions Apply) From (enter date.....)	<input type="checkbox"/>

I Wish to Access My Medical Record Online & Understand & Agree With Each Statement

❖ I understand that I can Request Information & Educational Resources from my GP Practice	<input type="checkbox"/>
❖ I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
❖ If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
❖ 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"/>
❖ If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the Practice as soon as possible	<input type="checkbox"/>
❖ If I think that I may come under pressure to give access to someone else unwillingly I will contact the Practice as soon as possible	<input type="checkbox"/>
Signature:	Date:

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 & Proof of Residence <input type="checkbox"/>
Documentary Evidence Provided		
Authorised By		Date:
Date Account Created:		
Date Login Credentials Emailed/Given:		
Level of Record Access Enabled/Disabled Detailed Coded Record <input type="checkbox"/> Full Prospective Record (Automatic) <input type="checkbox"/> Full Retrospective Record <input type="checkbox"/> Full Retrospective Record from Specific Date <input type="checkbox"/>	Notes / Explanation:	
Date Clinical Assurance Completed:	Assured By (Initials):	
Reason for Refusal If Record Access Is Refused After Clinical Assurance.		

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

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