Nuffield Road Medical Centre

Application form for online access to the practice online services

(See notes on next page to consider prior to seeking access)

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| AddressPostcode |
| Email address |
| Telephone number | Mobile number |
| I wish to access my medical record online and understand and agree with each statement (tick) |
| 1. I will be responsible for the security of the information that I see or download and I have read the information on the next page | □ |
| 2. If I choose to share my information with anyone else, this is at my own risk | □ |
| 3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible | □ |
| 4. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | □ |
| 5. 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.  |  □ |
| Signature Date |   |
| For practice use only |  |  |
| Patient NHS number |  |
| Identity verified by (initials)Date | Practice computer ID number |
| Documentary evidence provided | Method used | Vouching □Vouching with information in record □Photo ID and proof of residence □ |
| Authorised by |  |
| Date access created | Date |
| Date patient informed – or message added to clinical notes due to SMS message |
|  Additional notes |  |
| Reason for refusal if record access is refused after clinical assurance. | Assured by (initials) |
|  |

**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. Access can also be gained on some phones using fingerprints or Face ID – please consider this.**
* **If you have concerns about this, 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 they feel it could harm or be put at risk.**

***Key considerations*** 

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| --- |
| ***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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| --- |
| **Questionnaire on Your Medical Records Access**This questionnaire is about Records Access and goes through the main issues you need to understand before you can access your medical records over the internet. This is not a test with a pass or fail – its purpose is to go through issues with you so that you feel happy to be able to decide whether you wish to access your medical records over the internet or allow access to others that you have specifically allowed to do so.  |

**All questions must be completed.**

|  |  |
| --- | --- |
| 1. Please confirm your e-mail address so that we can contact you by e-mail. |  |
| 2. Can you read and understand English?All of your medical record is written in English. | YesNo |
| 3. If NO to question 2 then have you given permission for someone to answer on your behalf? | YesNo |
| 4. If YES to question 3 please give their name and contact number. We will independently need to confirm with you that this is correct via our interpreter. |  |
| 5. Have you read the information leaflet on viewing your medical records on line? | YesNo |
| 6. Have you registered for on line appointment booking? This is a pre-requisite for allowing you to see your medical records over the internet. | YesNo |
| 7. The system allows you to see a summary of your medical record: diagnosis, allergies, medications, letters and test results. Do you agree that you should be able to see this information? | YesNo |
| 8. If NO to question 7 then why do you think you should not be able to see this information? | Too detailed Too personalI won’t understand it  I don’t knowI am not interestedOther (please state) |
| 9. Sometimes information may be recorded that is incorrect or there may be information that you think is missing would you like to be able to inform the practice so that your records can be corrected? | YesNo |
| 10. Only people who are in the practice can change records and there is a record to show who has changed it and when it was changed. This protects you and the staff. Do you agree that will safeguard your medical record? | YesNo |
| 11. You can fall ill at any moment and this solution allows you to share your medical record with others. Do you agree that this may be a good thing and could even one day save your life? | YesNo |
| 12. Sometimes you may see a hospital doctor who tells you many things and you cannot remember them all. Is it a good thing to be able to see letters sent to your GP but which you can also see as soon as they arrive? | YesNo |
| 13. Blood tests may be done as part of routine tests for common conditions. If you view your results and they are normal then you can continue as before. If the results are abnormal you need to see a clinician could this save you time? | YesNo |
| 14. As an example, what happens if you see your blood result and find it is abnormal? Would this make you very anxious? If so what would you do? | Not view them but go and see the doctor/nurse for resultPanic and get worked upLook at some the recommended web sitesWait and contact the practice the next dayContact NHS Direct to get further informationContact the Out-of-Hours serviceOther (please state) |
| 15. For example, what happens if you have a test done that shows something “bad” that you were not expecting e.g. an X-ray done which shows that you have a “shadow” on your lungs and suggests this may be a cancer? What do you do? | Not view them but go and see the doctor/nurse for resultPanic and get worked upLook at some of the recommended web sitesWait and contact the practice the next dayContact NHS Direct to get further informationContact the Out-of-Hours serviceOther (please state) |
| 16. For example, you see a new letter has arrived in your medical record. You have not been to the hospital or seen anybody for a long time. You open up the letter to find it is about another patient in the practice. What do you do? | Read it then tell others what the person suffers withShut the computer down and inform the practiceStay quiet and not tell anybody about it |
| 17. For example, you have a daughter who is 15 years old and requesting contraception. Should the parents of the child be allowed to see her record without her permission or should she have exclusive rights of her own? | Parents see without permissionExclusive rights of own |
| 18. For example, your records may contain details about you given by someone you know well and done in your best interest. It says you said this and what they said. This could cause you some distress. Would this make you very angry? | YesNo |
| 19. If YES to question 18 then why? | I don’t want this information kept on my recordYou shouldn’t believe what others sayThis could destroy our relationshipDon’t know |
| 20. We do not differentiate between those who wish to access their records and those who don’t. However those who access their records are more likely to understand their own health better. Do you agree that this is true? | YesNo |
| 21. Finally, we would like to evaluate this questionnaire. Did you think this is a useful way for us to check that you have understood the issues relating to Records Access? | YesNo |
| 22. Was it easy for you to understand the questions? | YesNo |
| 23. If NO then why was this? | Too difficult to readNot enough timeQuestions too difficultOther (please state) |
| 24. Do you feel you now have a better understanding of records access and what the issues are about it? | YesNo |
| 25. If NO to question 24 then why do you not have a better understanding? | Too complicatedNot interestedToo much informationI want someone to explain it to me |
| 26. For what purpose would you like access to your medical record? | [ ]  To request prescriptions[ ]  To book appointments[ ]  To see any results[ ]  To see my medical record |

**Please read and sign the statement on the next page**

Thank you for your time. We hope this questionnaire has given you the information you need to decide whether you wish to access your medical records over the internet. Please sign the consent below.

**Medical Records Access**

**Consent Form**

I have read and understood the information leaflet about the medical records access and subject to the information in that leaflet; I consent to my GP practice enabling me access to my electronic health record via the internet.

I further agree to use the system in a responsible manner in accordance with all instructions given to me by the GP practice and to immediately report any errors I encounter whilst using the system. If I see any patient data which does not relate to me I will immediately log out and report the matter to the GP practice

Name …………………………………………………………………………………..

Signed …………………………………………………… Date ……………………

Print Name …………………………………………………………………………….

Date of Birth……………………………………………………………………………

Telephone number……………………………………………………………………

Mobile Telephone Number…………………………………………………………..

Email Address ………………………………………………………………………...

Please note additional questionnaires/consent forms for other family members may be obtained from reception.