

Information Regarding Access to Prospective (Future) Full GP Services

You are likely aware that NHS England have determined that from November 2022 all patients will have complete prospective access to their medical records. As a practice we fully support the principle of patient access, so we are currently providing access in a manner that we determine to be safe, hence we will enable individual-level patient access upon request.

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.

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 using appropriate abbreviations, medical terminology and clinical terms which are not always easily understood. Unfortunately, as a practice we do not have the capacity to address all the queries that you may have, so if you require clarification, please refer to http://www.nhs.uk/

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.

More information

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 and social care records safe and secure

http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf



Application for Future Full Online Access to My Medical Record

Surname								
First name								
Date of birth								
Address								
Postcode								
Email address								
Telephone numbe	er		M	lobile nu	mber			
I wish to have access to the following online services (tick all that apply): Please note that Future Full Online Access will be granted from the date of request.								
Future Full Online Access to my medical record								
Application for online access to my medical record I wish to access my medical record online and understand and agree with each statement (please tick) 1. I have read and understood the information leaflet provided by the practice 2. I will be responsible for the security of the information that I see or download 3. If I choose to share my information with anyone else, this is at my own risk 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement 5. 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 Signature Date							een	
FOR PRACTICE USE ONLY								
Identity verified through (tick all that apply)	Vouchir		Vouching ☐ Nai mation in record ☐ Photo ID ☐ roof of residence ☐		lame of ve	me of verifier I		te
Name of person who authorised (if applicable) Date account created							Date	
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