

## Accessing Online Services

### Orford Lodge Surgery Patient Information Leaflet

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical records online. You can also still use the telephone or visit the surgery for any of these services as well.

If you have online access you will be able to book one appointment per day with a GP or nurse, request repeat prescriptions, and look at various parts of your medical record, if you wish.

Your Summary Care Record comprises key information including patient name, address, date of birth and NHS Number. It also includes information about any medicines you are taking, any allergies or any bad reactions to medicines.

If you request access to your Detailed Coded Medical Record you will be able to view information including diagnoses, results of tests, details of referrals made etc. This information might help you to manage your medical condition or even access the information from anywhere in the world should you require medical treatment on holiday. If you request detailed Detailed Coded Record access it is important that you read and understand the 'points for consideration' listed overleaf.

If you decide not to request online access or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

If you decide to request online access you will be asked that you have read and understood this leaflet. The practice will also need to verify your identity before issuing you with login details.

#### 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>

#### Please note:

- **It will be your responsibility to keep your login details and password safe and secure.**
- **If you know or suspect that your GP 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 as soon as possible to inform us.**
- **If you print out any information from your GP 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 from anyone that doesn't use them responsibly.**

*Continued overleaf*

## ***Key considerations when requesting access to your GP record online***

### ***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, 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.

## **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 access to online services

### Part A – to be completed by all applicants

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number*

By providing your mobile number you consent to us sending you SMS text reminders about appointments that you have booked.

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Access to my Summary Care Record	<input type="checkbox"/>

### Part B – to apply for Detailed Coded Record Access

I wish to access my medical record online and understand and agree with each statement (tick):

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
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#### For practice use only

Patient NHS number	<b>ID verification:</b> Photo ID (specify): Proof of residence (specify):	
Identity verified by (initials)	Date	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>
Authorised by	Date	
Date account created & login sent:		
Level of record access enabled:	Notes / explanation	

## Consent to proxy access to GP online services

Proxy access refers to giving a third party access to online services on behalf of a patient. Family members or carers can access a patient's medical records online only in circumstances where the patient has consented to this, or if the patient lacks capacity AND the applicant can provide evidence that they have been granted the power to manage the patient's affairs.

Proxy access for children will automatically cease when the child reaches 11 years of age and a competency assessment will then need to be undertaken by the GP. It is the parent/guardian/carer's responsibility to contact the practice to arrange this. If the child is assessed as competent it is preferable that proxy access is not given to the parent/guardian and that the child is instead given their own online access account and encouraged to share this information with the parent/guardian. A person with parental responsibility will only be allowed to access some or all of the records of a competent child aged between 11 and 16 if the child or young person consents and it does not go against the child's best interests. When a young person reaches the age of 16, proxy access will be withdrawn completely and the patient will be required to apply for their own access.

**Note:** If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

### Section 1

I,..... (name of patient), give permission to my GP practice to give the following people ..... proxy access to the online services as indicated below in section 2.

I reserve the right to reverse any 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.

Signature of patient	Date
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### Section 2

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Access to my Summary Care Record	<input type="checkbox"/>
4. Access to my Detailed Coded Medical Record	<input type="checkbox"/>

### Section 3

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2 for ..... (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	<input type="checkbox"/>
2. I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

Signature/s of representative/s	Date/s
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### The patient

(This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

### The representatives

(These are the people seeking proxy access to the patient’s online records, appointments or repeat prescription)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address <input type="checkbox"/> )
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

### For practice use only

The patient’s NHS number		<b>ID verification:</b> Photo ID (specify): Proof of residence (specify):  Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>
Identity verified by (initials)	Date	
Proxy access authorised by		Date
Date account created & login sent		
Level of record access enabled	Notes / comments on proxy access	
Contractual minimum <input type="checkbox"/>		
Other.....		