

GROBY SURGERY



Application for online access

Please supply two forms of identification with this form (one photo and one utility bill)

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

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

1. Requesting repeat medication.	<input type="checkbox"/>
2. Accessing my 'Summary Record' (Medication and Allergies Only)	<input type="checkbox"/>
3. Accessing to my 'Full Clinical Records'	<input type="checkbox"/>
If you require 'Detailed Coded Records', please request on-line when registered	

PLEASE READ AND AGREE TO THE 'TERM AND CONDITIONS' BELOW

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"/>
6. That I am requesting access of my own free will and am not being coerced by a third party.	<input type="checkbox"/>

If you require online access to medical records in the capacity of parent/guardian to someone under the age of 11, please complete below

7. I understand that as the parent/guardian of a child I will only have access until the child reaches the age of 11 then my access rights are withdrawn.	<input type="checkbox"/>
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If you require online access to medical records in the capacity of carer or otherwise and children aged 11-16, please complete the attached for 'Patient proxy access'.

Please RETURN form to front desk of reception and supply two forms of identification with this form (one photo and one utility bill). After you complete this form please download the SystmOnline App &/or NHS App if you have a smart phone device

Signature of Patient / Parent / Guardian (please indicate)	Date:
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Patient NHS number:	
Identity Verified by (staff initials):	Date:
Scanned onto Patient's Records:	Form of ID: Photo ID : Proof of Residence :
	Date:

For Practice Use On

GROBY SURGERY



APPLICATION FOR PROXY ACCESS TO ONLINE SERVICES FOR ADULTS AND CHILDREN AGED 13 - 16.

Patient details:

Surname Forename

Date of birth NHS number

Address

.....

Telephone GP details

Nominated individual details:

Surname Forename

Date of birth NHS number

Address

.....

Telephone GP & practice details

Relation to patient

I give permission for my nominated individual to have proxy access to the online services as detailed below:

1. Requesting repeat 'Medication'.	<input type="checkbox"/>
2. Accessing my 'Summary Record' (Medication and Allergies Only)	<input type="checkbox"/>
3. Accessing my 'Full Medical Record'.	<input type="checkbox"/>

I am aware that my GP may overrule my decision at any time and that this authorisation will remain in force until .../.../.... or until cancelled by me (in writing). I understand the risks of allowing someone else access to the online services detailed above.

Signature (of patient)	Date:
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I agree that I will treat all the information confidentially and will not disclose this information to any third party without the expressed permission of the person named as the patient above. I will only use this information in the best interest of the patient.

Signature (of nominated Individual)	Date:
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FOR PRACTICE USE ONLY

Patient NHS number:		
Level of record access enabled: All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> DCR <input type="checkbox"/> Limited parts <input type="checkbox"/>		Notes/explanation
Identity Verified by (staff initials):	Date:	Form of ID: Photo ID : Proof of Residence :
Authorised by		Date:



Download the NHS app!

Please ask our staff for further help

You can use the NHS app and **order your REPEAT medication** wherever you are, at any time of the day. It can be used to access a range of NHS services.

What can you do on the app?

- View and cancel GP appointments.
- Order your repeat medications.
- Choose/change your nominated pharmacy.
- Check your symptoms (111 online).
- Register as an organ donor.
- Find out how the NHS uses your data.
- View certain aspects of your medical records (ask your GP for DCR access)

Please be aware the practice no longer accepts ANY prescription requests over the phone. If you require an item that is NOT on your repeat list, this needs to be entered in the 'custom request box' when ordering your repeat medication. (IF you have no repeat items or your repeat medication is not due, this box will not show up. In this instance, please drop a PAPER request into the surgery.

This box can also be used for any additional information you feel we may need to know, such as ordering medication early due to going on holiday.

If you would like access to your detail coded records (DCR), please contact the reception team who will pass this on to the appropriate staff member.

How to download and register for the NHS App on a mobile device?

1. Open the App Store or Play Store.
2. Search for 'NHS App' and select install.
3. After installing, select the app to open it.
4. Enter your email address and select 'Continue'.
5. Select 'Continue' to set up a new NHS login.
6. To create an account you will need to know your NHS number or name, date of birth and postcode. Select 'Continue' if you know this information.
7. Create a password and select 'Continue'.
8. A code will be sent to your email address to confirm who you are.
9. Enter your mobile number. You will be sent a security number via text to confirm your mobile number.

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.

Things to consider

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.

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>