

Accessing Online Access

Lovemead Group Practice - Patient Information Leaflet

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online.

Some patients may wish to access more information online and contractually from 1st April 2015 practices are obliged to assist access to medications, allergies and adverse reactions as a minimum and from the 1st April 2016 coded data.

However 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.

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>

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 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.

Lovemead Group Practice

Application for online access

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number Consent to SMS YES / NO

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. Limited access to parts of my medical record	<input type="checkbox"/>

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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To be signed by Patient at the time of collection

Signature of Patient or Parent/guardian..... Date

For practice use only

Identity verified by (initials)	Date	ID Photo ID
		Vouching
		Vouching with information in record
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled	Contractual minimum <input checked="" type="checkbox"/>	Notes / explanation
Other		

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number
DATE REQUEST RECEIVED	
USUAL GP	
RECORD PRINTED (DATE)	
DATE PASSED TO USUAL GP	
DATE DUE BACK	
RECORD CHECKED BY GP	
RECORD APPROVED/DECLINED	
PERMISSION GRANTED ON SYSTMONE	
PATIENT INFORMED	
FORM SCANNED	