park medical practice

Version	Created	Review Status
1.0	August 2018	Review Due Feb 2021

Obtaining On-line Access to Medical Records

The Park Medical Practice offers Internet facilities for booking GP appointments, ordering repeat medication, and viewing aspects of your medical record online. This will enable you to look at test results, medications, consultations, allergies and adverse reactions and hospital letters dated from 1st May 2018 onwards.

If you would like to have secure online access to your medical record, we need to make sure that you understand what this involves and that you are happy for us to use the information provided below to set up and operate the service.
The following form will take you through the things you need to think about. By signing the form you will be giving us your permission and consent to go ahead with setting up the service for you. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

Health records are confidential so you can only access someone else's records if you're authorised to do so.

To access someone else's health records, you must:

- be acting on their behalf with their consent, or
- have legal authority to make decisions on their behalf (power of attorney), or
- have another legal basis for access

Proxy Access to Children's On Line Records

Parents or the registered carers of children (with the permission of the children's parents or those granted legal guardianship) are able to also have access to their children's records. The Parent/guardian will need to confirm parental responsibility - which in majority of cases will be the viewing of the child's birth certificate

There are however strict guidelines relating to children's medical records and from age 14 online access will automatically stop. This is to ensure that children have the opportunity to access medical help with the knowledge that this will be confidential.

Access for Registered Carers

Registered carer's for adults may have online access to medical records providing the patient is mentally competent to grant access. If there is a lack of mental capacity then access will only be given if a lasting power of attorney stating health and welfare capacity has been granted (a copy of the LPA will be obtained as evidence as part of the application process).

Application for On-line Access to Medical Records

SURNAME	
FORENAME	
DATE OF BIRTH	
AGE	
ADDRESS (including postcode)	
HOME TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
WORKS TELEPHONE NUMBER	
EMAIL ADDRESS	

Declaration (please delete response as appropriate):

1. I have read and understood the information leaflet provided by the practice	YES / NO
2. I agree to my GP practice giving me access to my record online.	YES / NO
3. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES / NO
4. I will be responsible for the security of the information that I see or download	YES / NO
5. If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.	YES / NO
6. If I choose to share my information with anyone else, I understand this is at my own risk	YES / NO
7. I agree that it is my responsibility to keep secure, my username and passwords. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record.	YES / NO
8. I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.	YES / NO
9. I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. *Please note, this does not affect your rights of Subject Access under the Data Protection Act.*	YES / NO
10. If I notice any inaccuracies with my record or if I see information in my record that is not about me, I will contact the practice as soon as possible and I will inform a senior member of the practice staff.	YES/NO
11. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.	YES / NO
12. I understand that as before, I will be informed directly, by the practice, of any test results which require further action. However I understand that I may see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me.	YES / NO
13. I understand that elements of my medical record may need to be withheld as they may contain sensitive data and/or third party entries. For example this may be confidential data in a letter about a sibling or another family member.	YES / NO

Signature:

Date:

We will contact you with your log in details when this has been set up for you. Please remember to keep all the account details secure. If you think the account details may have been shared with someone you should reset them straight away. If you have any queries or concerns about the service or wish to withdraw from the service please speak to a member of our administration team

Thank you for completing this questionnaire.

For practice use only:

	Staff Signature & Date
Proof of identity confirmed :`	
Proof of address confirmed:	
Name of staff member processing application & scanning application :	
Records reviewed and hidden from visibility where appropriate:	
On-line Access Granted:	

On-line Access is provided by EMIS, a trading name of Egton Medical Information Systems, the company that provides our patient records system. The Park Medical Practice cannot accept liability for damages resulting, directly or indirectly, from the use or misuse of the EMIS Access service. In using EMIS Access, you agree to the terms and conditions and privacy statement on the EMIS Access website.

Patient details

Surname	
First name	
Date of birth	
Address	
Email	
Telephone	
Mobile	

I wish to give permission to my GP practice to allow the following representative/s proxy access to the online services as detailed below:

Representative 1	**Representative 2**

Please tick level of access to be granted

1. Online appointments booking	☐
2. Online prescription management	☐
3. Full access to the medical record	☐

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 entitled ** 'What you need to know about your GP online records'

Signature of patient	Date

The representatives

(to be completed by proxy representatives)

Surname	Surname
First name	First name
Date of birth	Date of birth

Address Postcode	Address Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

I/we are the above representatives and wish to have online access to the services 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	☐
2. I/we will be responsible for the security of the information that I/we see or download	☐
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	☐
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	☐

Signature/s of representative 1	Signature/s of representative 2
Date	Date

For practice use only:

Proof of identity of patient and copy obtained :	
Proof of address of patient and copy obtained :	
Proof of identity of proxy 1 and copy obtained:	
Proof of address of proxy 1 and copy obtained:	
Proof of identity of proxy 2 and copy obtained:	
Proof of address of proxy 2 and copy obtained:	
Name of staff member processing application :	
Level of record access enabled:	
For full access only: Records reviewed and redacted where appropriate:	
Date of On-line Access Granted:	

Application for Proxy Access to a Child's GP Online Medical Records

Patient details

Surname	
First name	
Date of birth	
Age	
Address	

I wish to apply for proxy access to the online services for the above child:

Surname	
First name	
Date of birth	
Address	
Email	
Telephone	
Mobile	
Relationship to child	

Please tick level of access required

• Online appointments booking	☐
• Online prescription management	☐
• Full access to the medical record	☐

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

I have read and understood the information leaflet provided by the practice "What you need to know about your GP online records" and agree that I will treat the patient information as confidential	☐
I understand that on-line access will cease when the child reaches the age of 14	☐
I will be responsible for the security of the information that I/we see or download	☐
I will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	☐
If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	☐

Signature of parent/guardian	Date

For practice use only:

Proof of identity of parent/guardian and copy obtained :	
Proof of address of parent/guardian and copy obtained :	
Parental responsibility verified and copy obtained:	
Name of staff member processing application :	
Level of record access enabled:	
For full access only: Records reviewed and redacted where appropriate:	
Date of On-line Access Granted:	

Application for Proxy Access to GP Online Medical Records
When Lasting Power of Attorney
For Health & Welfare

Patient details

Surname	
First name	
Date of birth	
Address	
Email	
Telephone	
Mobile	

I confirm I have lasting power of attorney for health and welfare for the above patient and wish to have on-line access to their medical record.

Surname	
First name	
Date of birth	
Address	
Email	
Telephone	
Mobile	

Please tick level of access required

• Online appointments booking	☐
• Online prescription management	☐
• Full access to the medical record	☐

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

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

Signature of person with lasting power of attorney for health and welfare for the above patient	Date

For practice use only:

Proof of identity of lasting power of attorney and copy obtained:	
Proof of address of lasting power of attorney and copy obtained:	
Copy of lasting power of attorney doucmentation:	
Name of staff member processing application :	
Level of record access enabled:	
For full access only: Records reviewed and redacted where appropriate:	
Date of On-line Access Granted:	