



# The Wellington Practice



## Application for online access to my medical record

### The Important Bit:

1. In order for us to process your registration request for Patient Access it is important that you complete this application form in full.
2. Due to the highly confidential nature of the information that you are accessing, you **MUST** be able to provide a type of photographic ID and one Utility Bill (or similar item) in order for us to be able to verify your application request. If you are unable to provide one or either of these then, unfortunately, we may not be able to process your application in full.
3. Applications for Patient Access will only be processed after 1.30 pm. Once your details have been verified, where possible the access details will be printed off for you at the time, however during busy periods we will request for you to leave the registration form with us and we will process the request and send a letter to you within 3-5 working days.
4. Please complete the application form in full and in **BLOCK CAPITALS**.

I have read and understood the declaration above and wish to proceed with my application for Patient Access

<b>SURNAME</b>		<b>Date of Birth</b>	
<b>FIRST NAME</b>			
<b>MIDDLE NAMES</b>			
<b>ADDRESS</b>			
<b>POST CODE</b>			
<b>EMAIL ADDRESS</b>	Be very clear for us and clearly show a full stop or an underscore etc		
<b>NHS Number</b>			
<b>TELEPHONE NUMBER (Incl STD Code)</b>		<b>MOBILE NUMBER</b>	

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

<b>1. BOOKING APPOINTMENTS</b>	<input type="checkbox"/>
<b>2. REQUESTING MEDICAL PRESCRIPTIONS (REPEATS)</b>	<input type="checkbox"/>
<b>3. ACCESSING MY MEDICAL RECORD</b>	<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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<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. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

**Declaration**

- Applications are “one per patient”. Acceptance of one member of a family does not imply acceptance of other/further family members.
- Applications for on-line access will not be considered for patients who are under the age of 16. Refer to the Proxy Access application process instead.
- Where access is granted passwords will only be released direct to the patient and not to a parent (in relation to patients 16-18 years) or other third parties. Where a parent or other person requires access to the system to book an appointment or deal with the affairs of the minor, it is acceptable for the minor to provide the password to the third party. The practice will not provide access detail directly.
- Where access is refused this will be in writing. A reason will only be given at the discretion of the Practice Manager or responsible GP.
- Patients with a history of non-attendance at pre-booked appointments (without cancelling) will not normally be granted access to on-line appointment booking.
- On-line appointments booked are to be cancelled by the patient as soon as it is determined that it is no longer required.
- The Practice will not allow misuse of the on-line system and will monitor usage by individual patients.
- Where it is considered that a patient is misusing the system or is acting in a way detrimental to the availability of the appointment system, or other facilities, a warning letter will be issued.
- Where the situation does not improve, or recurs, online access may be removed permanently and without further notice, at the discretion of the Practice Manager.
- Repeat prescriptions may be ordered where these appear on the repeat list which is provided to patients on the tear-off portion of the last prescription issued. The request must match the repeat list exactly and must be due. Other items may not be ordered or requested using this facility.
- Approved access requests will be notified along with access instructions.

**SIGNATURE**

**DATE**

# For practice use only

Patient NHS number		Practice computer ID number	
<b>Identity verified by (initials)</b>  <div style="border: 1px solid black; width: 100px; height: 80px; margin: 5px 0;"></div> NEEDS TO BE CLEAR WHO THIS PERSON IS THAT VERIFIED	Date	<b>Method</b> Vouching ( <b>PM</b> only to verify) <input type="checkbox"/> Vouching with information in the record ( <b>PM</b> only) <input type="checkbox"/>	
		Photo ID and proof of residence <input type="checkbox"/>  PASSPORT CHECKED AND VERIFIED <input type="checkbox"/> UTILITY BILL CHECKED AND VERIFIED <input type="checkbox"/>  OTHER FORM OF ID VERIFIED (Write below what it was that you checked) <input type="checkbox"/>	
Authorised by  On line prescriptions and appointments access can be signed off by the Head Receptionist  All requests for access to the medical record to be signed off by the Practice Manager.  <b>ALL FORMS TO BE SCANNED ONTO THE MEDICAL RECORD FOR AUDIT PURPOSES</b>		Date    WHO	
Date account created	Default date is the date fully authorized by as above unless recorded otherwise		
Date passphrase sent	Default date is the date fully authorized by as above unless recorded otherwise		
Level of record access enabled  All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/>  Access to free text is not available  Limited parts <input type="checkbox"/>	Notes / explanations  <div style="border: 1px solid red; padding: 5px;">           Detailed coded record  <input checked="" type="radio"/> Use detailed coded record settings  <i>Detailed coded record will allow you to choose which services this patient can access.</i>            Allergies and medication are mandatory for the detailed coded record  <input checked="" type="checkbox"/> Allergies  <input checked="" type="checkbox"/> Medication         </div> <input type="checkbox"/> Laboratory test results <input type="checkbox"/> Documents <input type="checkbox"/> Immunisations <input type="checkbox"/> Problems <input type="checkbox"/> Consultations		