

For information for you to keep (this page does not need to be returned to surgery).

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. Access can also be gained on some phones using fingerprints or Face ID – please consider this.
- If you have concerns about this, 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 they feel it could harm or be put at risk.

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 via our website using our GP Online Services.

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.

New Registered Patients

Request for accessing your medical record via online will not be provided until we have received your medical record (Lloyd George notes or digital record) from your previous practice and have been summarised, once this process has been completed your request will then be actioned.

<https://www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/>

Church Lane Surgery

ONLINE ACCESS TO HEALTH RECORDS REQUEST

Please complete the sections that apply to you as below:

- Patients requiring access to their own record (**Sections 1, 2 and 7**)
- Proxy access to health records where patient has capacity (**Sections 1, 3, 5, 6 and 7**)
- Proxy access to health records where patient does not have capacity (**Sections 1, 4, 5, 6 and 7**)
- Parents requiring access to their child's (age 11-15) record (**Sections 1, 3, 5, 6 and 7**)
- Parents requiring access to their child's (under 11) record (**Sections 1, 4, 5, 6, and 7**)

Section 1: Patient details

Surname		Former name	
Forename		Title	
Date of birth		Address:	
Telephone number		Postcode:	
Email Address		NHS number (if known)	

Section 2: Record requested

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records	<input type="checkbox"/>

I wish to access my medical record online and both understand and agree with each of the following statements (tick):

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I have read and understood the information leaflet provided by the organisation	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I chose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the organisation as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the organisation as soon as possible	<input type="checkbox"/>

Patient signature		Date	
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Section 3: Consent to proxy access to GP Online Services (if patient has capacity)

- I..... (name of patient), give permission to my GP practice to give the following person/people proxy access to the online services as indicated below in Section 5
- 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 organisation

Patient signature		Date	
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I/We wish to have access to the health records on **behalf of** the above-named patient

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

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(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

Reason for access:

I have been asked to act by the patient	<input type="checkbox"/>
I have full parental responsibility for the patient and the patient is under the age of 18 and has consented to my making this request or is incapable of understanding the request (delete as appropriate)	<input type="checkbox"/>

Section 4: Consent to proxy access to GP Online Services (if patient does not have capacity or child is under 11 years old)

I/We wish to have access to the health records on **behalf of** the above-named patient

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

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper).

Reason for access:

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<input type="checkbox"/>
I am/We are acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>
Parent/Guardian for the patient whose aged under 11 years old (e.g 0 – 10 years)	<input type="checkbox"/>

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Section 5: Proxy access online services available

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records	<input type="checkbox"/>
Discuss medical records via Phone/In-Person	<input type="checkbox"/>

Section 6: Proxy declaration

I/We wish to access the medical record online of the above patient and I/we understand and agree with each statement (tick)

I/We have read and understood the information leaflet provided by the organisation and agree that I/we will treat the patient information as confidential	<input type="checkbox"/>
I/We will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
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"/>
If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the organisation as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the [Data Protection Act 2018](#).

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Relationship to Patient

Father/Mother	<input type="checkbox"/>
Daughter/Son	<input type="checkbox"/>
Family Member (Husband/Wife)	<input type="checkbox"/>
Carer/Other (please state)	<input type="checkbox"/>

Proxy signature(s)		Date	
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Section 7: Proof of identity

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide two forms of identification, one of which must be photographic identification before access can be set up.

Please speak to reception if you are unable to provide this.

ADDITIONAL NOTES:

Before returning this form, please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirmed your identity by a countersignature
- Enclosed documentation to support your request (if applicable)
- Children aged 11 – 15 will be required to sign section 3, no ID is required.
- Children aged 0 – 10 will not be required to provide ID

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

Your request will then be given to the GPs who will consider your application. This process can take up to **30 working days**.

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For office use only:

Identification verification must be verified through two forms of ID

- One of which must contain a photo e.g., passport, photo driving licence or bank statement

Where this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

Request received			
Comments			
Identity verified by (Staff Member Initials)		Date	
Identity method - DL – Driving License, PP – Passport, Letter, Bill			
Identification of			
<input type="checkbox"/> Patient	<input type="checkbox"/> Proxy Applicant 1	<input type="checkbox"/> Proxy Applicant 2	
NHS No. Emis No.	NHS No. Emis No.	NHS No. Emis No.	
<input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Vouching – by whom <input type="checkbox"/> Vouching with information in record – by whom	<input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Vouching – by whom <input type="checkbox"/> Vouching with information in record – by whom	<input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Vouching – by whom <input type="checkbox"/> Vouching with information in record – by whom	
	<input type="checkbox"/> Proxy Applicant 1 not CLS Patient If ticked will need to use Patient Access App	<input type="checkbox"/> Proxy Applicant 2 not CLS Patient If ticked will need to use Patient Access App	