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**The Downland Practice**

**Patient Online Access Information Leaflet**

If you want to apply for online access to your medical records, you have two options. Firstly, and the most straight forward, is to download the NHS app on a smartphone or tablet. This app allows you to upload your ID directly so that you do not need to visit the Surgery with ID or forms. Your second option is to complete the form on page 2 and return it to Reception with 2 forms of identification: one photographic and one proof of address.

***Online Access to prospective medically records can only be granted to patients aged 16 years and over.***

**What Information can I see?**

Once you have logged into your account and verified your ID, you will have access to ***prospective*** ***records.*** You will not be able to see retrospective data.

***Before you apply for online access to your record, there are some other things to consider***

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**The Downland Practice**

**Patient Online Access Application Form**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| AddressPostcode |
| Email address |
| Telephone number | Mobile number |

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

|  |  |
| --- | --- |
| 1. Booking appointments  |  |
| 2. Requesting repeat prescriptions |  |
| 3. Prospective access to medical records |  |

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 |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 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 |  |
| 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.  |  |
|  |  |

# For Reception Use:

Signature

Date

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Identity verified by (initials) | Date |

 | Method Vouching  Photo ID and proof of residence  Citizen Identity  |
| Date access enabled |
|  Level of record access enabled Appointments & Repeats   Detailed coded record  Other  |  Notes  |