



Application for Online Access to view Medical Records

This questionnaire goes through the main issues you need to understand before you can access your medical record over the internet. It will raise questions that you may not have considered before and it will help you to decide whether or not to access your record in this way.

Online access will let you view the items below. If you require anything other information from your medical records, please request **FORM E** from the receptionist.

- Results e.g. blood pressure, blood tests, records of X-rays
- Vaccinations and immunisations
- Medications
- Letters to and from the GP (Hospital letters will only be available from 1.3.17 to present date)
- Allergies, active problems
- Consultations
- Examination dates, investigations and outcomes

To confirm your registration, two forms of documentation are required as evidence of identity. One must be photo ID (eg Passport, Driving License, Bus Pass) and the other an official document, dated within the last 3 months, showing your address (eg utility bill, bank statement, council tax bill etc).

Please answer all the questions, deleting the answer that does not apply as appropriate. Please also use black ink as we scan this document onto your record. Thank you

1.	Patient name	
2.	Patient date of birth	
3.	Email address (Required)	
4.	Home phone number	
5.	Mobile phone number	
6.	Are you happy to access your records with a username and password? (If you answer NO, regrettably we are unable to grant on-line access)	YES/NO
6b.	Do you agree to NOT share your username and password? (Answer YES – please continue to question 8) (Answer NO – please continue to question 7)	YES/NO
7.	As you will be sharing your username and password with a Third Party please request the additional FORM D from reception. Please note that both this form and form D must be completed in full with relevant ID before we can proceed with your on-line access request.	

Receptionist PTO

8.	When accessing your medical records online, there may be instances when you may read some information that could be shocking / upsetting. You may also see hospital letters before your GP has had chance to action them. <i>If you are concerned about something in your medical record please ring the practice during opening hours to discuss.</i>	
9.	Would it upset you if you read something somebody else had said about you with regards to your health? Information like this is usually given by someone who knows your medical history well and done in your best interest. It is called third party information and your record will state who provided this and what they said.	YES/NO
10.	Blood test results – If your results are normal then you need take no action. If the results are abnormal and require action, we will contact you to make an appointment. Do you accept this arrangement?	YES/NO
11.	Sometimes information may be recorded that is incorrect or you may believe information is missing. Would you inform the practice so that your records can be corrected? You can email us at: WICCG.stcatherinessurgery@nhs.net Please indicate clearly in your email what your concerns are and we will get back to you within a week or update you if we cannot respond within that timeframe.	YES/NO
12.	As stated on page 1 please can we remind you that online access will only show hospital letters from 01.03.2017 to present date	

I consent to St Catherine’s Surgery giving me access to my medical records via Patient Access Electronic Records Viewer and agree with each of the following statements (please tick)

1.	I have read and understood this questionnaire and 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 log out immediately and 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"/>

Patient Signature	Date
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For practice use only (Reception there is no action to take on EMIS other than record in care history form received)

Patient EMIS Number:	
Patient Identity seen, verified and <u>copies taken</u>	
1 x Photo ID seen, verified and copy attached to this form <input type="checkbox"/>	
1 x Proof of address seen, verified and copy attached to this form <input type="checkbox"/>	
Authorised by Receptionist Print and Sign:	Date:
Please put completed form and copies in Business Admin tray	

Back Office Validation Print and Sign:	Date:
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