

NORTHUMBERLAND HEATH MEDICAL CENTRE

PATIENT ONLINE ACCESS

NORTHUMBERLAND HEATH MEDICAL CENTRE provides online access to patients to enable them to; make and cancel routine GP appointments, request regular repeat medication and routinely view some aspects of your medical records online. These other items include details of; allergies and adverse reactions, your medication and immunisation history and results of investigations. These may be very useful to you and reduce the need to ring or come to the surgery to obtain information.

To sign up for this service please attend the surgery and bring with you **ONE form of photo ID**, this could be a student card, passport or driving licence but must be valid. Please also bring with you the **online access consent form** attached to this information sheet and a document that confirms your address. All this information will then be forwarded to the administrator who will accept your request usually within 7-10 days of receipt of the documentation.

If you have an old access that only permits you to make and cancel routine appointments with a doctor and to request repeat medication and you would like the new enhanced access described above, please complete the consent form and return it to reception with the photo ID as detailed and this can be upgraded for you.

If you lose or forget your login details you can go to the website and patient online access link and choose the 'I forgot my user ID or password' link, then follow the instructions.

Before you apply for online access to your records there are some other things to consider

Forgotten History - There may be something you have forgotten about in your record that you might find upsetting.

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 for a clearer explanation by a clinician.

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 online access at this time.

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 and contact the IT manager at the practice as soon as possible.

Patients Under 16 -Following guidance patients under the age of 16 will not routinely have online access to their records. At age 16 patients will be written to about this and they will have the option to register for online access at this point.

Full Access to Medical Records- If you need to access your entire medical record including problems, consultations and other attachments, you will need to apply in writing to the Practice Manager and after viewing by the GP this facility may then be switched on.

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PATIENT ONLINE ACCESS

Patient Online: Access to GP online service registration & consent form

Please complete in full and write clearly and in block capitals

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Tel No (home)		Mobile number	

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

1. Booking and cancelling GP appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Allergies and adverse reactions	<input type="checkbox"/>
4. Results of investigations	<input type="checkbox"/>
5. Immunisation history	<input type="checkbox"/>
6. Medication history	<input type="checkbox"/>

Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please tick all items, sign and date or this application cannot be processed)

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. 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 it not about me, or is inaccurate I will contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Initials of verifier:	Date:
	Vouching with information in record <input type="checkbox"/>		
	Photo ID <input type="checkbox"/>		
	Proof of residence <input type="checkbox"/>		
Name of person who authorised (if applicable)		Date:	
NHS number		Practice computer ID number	
Date account accepted			