**Quantock Medical Centre - Patient On-Line Access Application Form**

**Information for patients**

Patient Access is a website that enables you to view information that the practice holds about you easily and quickly using your personal computer or mobile device via the internet. The information you view comes from the clinical system at the Practice. This information is encrypted and sent securely from the practice system to your PC web browser. This means it is very difficult for anyone else to intercept and read this information. The medical information which is shown is only held permanently on the computer at the Practice and not on any other computer. When you log off or if there is any problem with your computer (for example, power failure) all your confidential information is safe. No one else will be able to view your medical information.

**What you are able to with On Line Access**

* **Update your Contact Details**
* **Book Appointments:** We allow one on line access appointment slot per GP clinic each day.
* **Order your Repeat Prescriptions:** however we cannot issue ‘acute’ items eg medication that are prescribed as a one off course of treatment or medications which are taken infrequently.
* **Access to Medical Records:** If you are over 16 years old you can access limited information from your medical records (with Your Doctors Agreement). You will be able to see basic coded details from your record regarding allergies, repeat medication, immunisation / vaccinations, test results. You will not be able to access consultation notes or documents at present.

**Our Responsibility**

* The Practice will take every measure to ensure that your Patient Access application is secure.
* The Practice will monitor your use of the online system and if you are found to be misusing it, your on line access will be cancelled.

**Your Responsibility**

* IT IS IMPORTANT THAT YOU KEEP YOUR **PERSONAL** LOGGING ON DETAILS SECURE – Do not give your logging on details to anyone else, as this would give access to your personal medical information.
* If you find any errors with your medical information, or feel something is missing, please contact the practice manager to discuss your concerns.
* If you spot something in your record that is not about you or any other errors; you agree to log out of the system immediately and contact the practice as soon as possible.
* If you wish to switch off access to any areas of your on line access or terminate your on line access, please contact the practice in writing to request this.
* Please note that the practice does not manage the Patient Access Website and, therefore, cannot provide help with using the Patient Access. Help screens are provided on the Website.

**Before you Apply for On Line Access to your Record, there are some other things to consider**

Although the chances of these things occurring are very small, you need to be aware of the following:

* **Bad News/ Forgotten History/ Abnormal Results**

You may see something that you might find upsetting or do not understand, this may occur when you do not have a chance to speak to your GP, i.e. when the surgery is closed, please consider how you will deal with this situation.

* **Misunderstood Information**

Your Medical Record is designed to be used by Clinical Professionals. Some of the information within your record may be highly technical and not easily understood. If you require clarification, please contact the Practice for an appointment.

* **Coercion**

If you think that you may be pressured into revealing details from your record against your will then its best that you do not register for on line access.

**What to do next?** If you would like to register for Patient Access please complete the attached Application Form and return it to the practice and provide photo ID or 2 forms of ID to confirm your name and address.

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Please allow 5 working days for us to complete your registration and then return to the surgery to collect your letter containing PIN numbers etc. Please note that you will need to show ID again to collect your **own** documents.

**PATIENT SECTION**

NAME:…………………………………………………………………………………………………….DoB:…………………………………….…………………..….

Email Address:………………………………………………………………………………………..Mobile No:…………………………………………………..

On-line Patient Access will enable you to order repeat medication, book and manage doctor appointments and update you contact details. Please indicate which areas you wish to activate.

|  |  |
| --- | --- |
|  | I wish to have access to Ordering my Repeat Medication |
|  | I wish to have access to Booking and Managing my Doctor Appointments |
|  | I wish to have access to Updating my Contact Details |

In addition you can register to use Patient Access Medical Record Viewer **(you will need to be over 16 years of age to request access to Medical Record Viewer).** This enables you to view certain sections of your medical records, currently this is limited to medications, allergies and adverse reactions but is likely to be extended over time.

If you wish to have access to Medical Record View YOU MUST make the request in person and provide either photo ID or two forms of ID which confirms your name and address details, and confirm that you have read and agree to the following statements:

1. I have read and understood the information overleaf 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. I will contact the practice as soon as possible if I suspect my account has been accessed by someone without my agreement
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.

|  |  |
| --- | --- |
|  | I have read and agree with the statements above. I wish to have access to my Medical Records.  Signed …………………………………………….……………………………………………….……………………………… Date……............... |

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**PRACTICE CHECKS (Reception Staff)**

If the patient is requesting on-line access to their medical record viewer the request must be made in person, they must be over 16yrs of age and their ID must be checked. This application will be passed to the Practice Manager to Action

|  |  |  |
| --- | --- | --- |
| ID Seen | Number (if Passport or Driver Licence or Utility bill Details | ID seen and Checked – signed & dated by Receptionist (copies NOT required) |
| Passport |  |  |
| Driver Licence |  |  |
| Utility Bill (one) |  |  |
| Utility Bill (two) |  |  |
| OTHER |  |  |

**ADMINISTRATIONS CHECKS (Actioned by the Practice Manager)**

|  |  |  |
| --- | --- | --- |
|  | Date | Signed |
| On-Line Access Activated |  |  |
| Registration Paperwork for the Patient to collect in person in collection file |  |  |

**COLLECTION OF ACCESS ACCOUNT DETAILS**

Collected by Patient in person only ……………………………………………………………. (Signature of Patient) Date…………………….

Signature of member of staff handing over the documents……………………………………………………………….. Date………………..