

SPENCER STREET SURGERY

PATIENT ACCESS INFORMATION AND CONSENT - DETAILED

Patient Access has been in use in the surgery for over 1 year now and many of our patients are happily using it to book appointments and order repeat prescriptions over the internet.

We have extended the facilities offered using this system so that patients may view their electronic medical records through Patient Access.

When registering for this access, 2 forms of documentation must be provided as evidence of identity. One of these must contain a photo and the other your address.

What will I be able to see?

Coded Data, to include:

- Allergies/Adverse reactions
- Medication (dose, quantity and last issued date);
- Immunisations;
- Filed Test Results;
- Problems/Diagnoses;
- Codes showing Referral made or letters received;
- Procedure codes (medical or surgical) and codes in consultation (signs, symptoms):

Can I alter the record?

No. This is a 'read only' facility. You can however print off details to take to e.g. a hospital appointment. If you think that there is something that needs to be changed, you will need to contact the surgery.

What are the advantages for me?

- If you are waiting for results you will see them as soon as they are filed in your record and you will not have to ring the surgery;
- You can look up your list of immunisations;
- You will be able to view your records at home, overseas, in hospital as an in or out-patient (e.g. to share with hospital staff), or whenever you want access and have an internet connection:

Is it secure?

- Yes, 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;
- If you cannot do this for some reason, 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:

What about children?

The age limit set for children's Patient Access is 14 years old.

Can you turn it off?

Yes. As with the current arrangement, we can turn off the access in part or altogether.

THINGS TO CONSIDER

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

Abnormal results or bad news – When viewing test results, you may see something that you find upsetting. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. Please be assured if there are abnormal results needing actioned the practice will be in touch with you;

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;

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:

**SPENCER STREET SURGERY
 CONSENT TO USE PATIENT ACCESS ONLINE - DETAILED**

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

1.	Patient Name:	
2.	Patient Date of Birth:	
3.	Email Address (required)	
4.	Home Phone Number:	
5.	Mobile Phone Number (we may contact you by SMS):	
6.	Are you completing this questionnaire for yourself?	YES/NO
6b.	If you answered NO then please state your name and relationship to the patient:	
7.	Are you already registered for Patient Access allowing you to order repeat prescriptions, book appointments etc?	YES/NO
8a.	Are you happy to use a username and password to access your records?	YES/NO
8b.	You should not share this security information. Do you agree to not share this information?	YES/NO
8c.	If you answered NO to either question 8a or 8b, then please give your reason(s):	

Granting Access – Please be aware that each application is to be assessed by a doctor on a case by case basis. This may impact on the length of time it takes the practice to process your request.

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

9.	I have read and understood this information provided by the practice	
10.	I will be responsible for the security of the information that I see or download	
11.	If I choose to share my information with anyone else, this is at my own risk	
12.	I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
13.	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	

Our Fair Processing Notice explains why we collect information about you and how that information may be used to deliver your direct care and manage the local health and social care system. The notice reflects, What information we collect about you; How and why we use that information; How we retain your information and keep it secure; Who we share your information with and why we do this. The Notice can be found on our website

www.spencerstreetsurgery.co.uk

Signature _____

Date _____

Please return this completed questionnaire with any comments via reception to the Assistant Practice Manager.

For Practice Use Only

Identity verified through (tick all that apply):		ID verified <input type="checkbox"/>	
		Photo ID <input type="checkbox"/>	
		Proof of residence <input type="checkbox"/>	
Name of verifier:		Date:	
Name of person who applied changes to system:		Date:	
Date amendments were made:			
Date scanned and read coded:			