Online Access to medical records

Patients are able to have access to their medical records online through patient services. This will enable the patient to book appointments online, order repeat prescriptions and have access to all medical records.

For a patient to gain access they will complete the form in appendix 1. Return to reception along with one photo identification. Access is given straight away for booking appointments and requesting repeat prescriptions. Access to medical records will be given after 2 week once this has been reviewed by reception supervisor.

Patients can also apply online through the website by completing the online form. They will then be required to bring in Photo ID to reception.

Proxy access

A parent, guardian or carer can request access to a patients records online by completing the form in appendix 2.

Children

Children over the age of 14 years are required to consent to this access and can do by signing the attached form. They will be required to attend with the proxy access form and ID (if they do not have photo ID we will accept a birth certificate). The Proxy will also need to provide a valid photo ID.

If the child seems to be immature a receptionist will sit down with the proxy and explain what they are signing so that they are aware.

Children under 14 years of age don’t need to provide ID but the proxy still is required to.

Carer

The patient and the proxy are required to sign the form in appendix 2 and photo ID to be seen by reception.

The patient is not required to attend reception when handing in form.

Guardian

Guardians are required to provide documentation to state they are the legal guardian of the patient. Then follow guidance above for children.

No documents are copied, the reception staff will complete the form with what documentation has been supplied.

**Appendix 1**

**THAMESMEAD MEDICAL ASSOCIATES**

**Practice Guidance for Emis Access**

**\* *This service is only available to patients above 16 years of age***

***\* Please provide photo ID – Passport or Driving Licence only***

***\* Applications can only be made in person and not via a third party***

EMIS Access will give you the facility to book GP appointments online and send repeat prescription requests to the surgery (please allow up to 48 hours). Please remember to say where you wish to collect your repeat prescription from i.e. Reception, Jaypharm, Morrisons, Whinchat or First Care.

**Reasons for Appointment**

We would ask that you enter a reason for your appointment in the box provided when booking an appointment as this gives us the opportunity to ensure that it is appropriate for you to see the doctor rather than a nurse. Please be assured that all details entered are secure and cannot be intercepted.

Our practice has a strict confidentiality policy.

**Missed Appointments**

Please let us know if you will not be able to attend an appointment that you have booked online. Either contact us by telephone to cancel it or cancel it online. This will allow us to offer the appointment to another patient. We realise that there are valid reasons for not attending, however we will be monitoring such occurrences on a regular basis.

If you miss an appointment more than three times in a year we will remove your ability to use Patient Access, however you will still be able to book appointments with our receptionists.

**Appointments**

**Do not book appointments for medicals online, please phone reception.**

**Do not book nurse appointments, please phone reception.**

|  |  |
| --- | --- |
| **Doctors Appointments** | **Nurses Appointments** |
| Suspected illness | Smears |
| Illness | Pill checks/contraceptive advice |
| Follow-up consultations | Removal of stitches |
| Medication reviews | Travel vaccinations |
|  | Diabetic clinic |
|  |  |

**Inappropriate use**

We monitor the use of this service and we are sure that you will find it useful. However, if we find that there is any abuse of the service, we will revoke your access to the service. You will then have to order your prescription in the normal way by coming to reception. We would consider that making multiple requests for medication when it is not due to be an abuse of the system.

**Your responsibility**

The practice will take every measure to ensure that your EMIS Access application is secure. It is your responsibility to ensure that your EMIS Access account remains this way. You are able to terminate or reset your EMIS Access account at any time by contacting the surgery in writing. You may wish to do this if you think someone else knows your logging in details or if you have shared details with a family member or partner and no longer wish them to know these details.

***Please note that the practice does not manage the EMIS Access Website and therefore cannot provide help with using EMIS Access. Help screens are provided on the website.***

**Please retain this guidance for future reference.**

**THAMESMEAD MEDICAL ASSOCIATES**

**Application for online access**

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

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

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record i.e. problem list | 🞏 |
| 1. Accessing Clinical correspondence | 🞏 |

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 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | 🞏 |

|  |  |
| --- | --- |
| Signature | Date |

### 

For practice use only

|  |
| --- |
| If box 3 and 4 is ticked under online services, forward to admin for GP to check |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | | |
| Identity verified by  (initials) | Date | Method  Vouching 🞏  Photo ID and proof of residence 🞏 | | |
| Authorised by | | | | Date |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  Prospective 🞏  Retrospective 🞏  All 🞏  Limited parts 🞏  Contractual minimum 🞏 | | | Notes / explanation | |

Appendix 2

**THAMESMEAD MEDICAL ASSOCIATES**

**Consent to proxy access to GP online services**

# Section 1:

|  |  |
| --- | --- |
| 1. Online appointments booking |  |
| 2. Online prescription management |  |
| 3. Summary Information (Allergies, Repeat prescriptions) |  |
| 4. Limited access (detailed coded data) to parts of the medical record for |  |

**Section 2:**

I/we…………………………………………………………………………….. (names of representatives)

wish to have online access to the services ticked in the box above in section 2

for ……………………………………….……… (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

|  |  |
| --- | --- |
| 1. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential |  |
| 2. I/we will be responsible for the security of the information that I/we see or download |  |
| 3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement |  |
| 4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential |  |

Signature/s of representative/s

Date/s

**The patient** (This is the person whose records are being accessed)

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

**The representatives** (These are the people seeking proxy access to the patient’s online records,

appointments or repeat prescription.)

|  |  |
| --- | --- |
| Surname | Surname |
| First name | First name |
| Date of birth | Date of birth |
| Address  Postcode | Address (tick if both same address )  Postcode |
| Email | Email |
| Telephone | Telephone |
| Mobile | Mobile |

# Section 3: Only to be completed if the patient is 14 years and over.

I,………………………………………………….. (name of patient), give permission to my GP practice to

give the following people ….………………………………………………………………..……………..

proxy access to the online services as indicated below in section 1.

I reserve the right to reverse any decision I make in granting proxy access at any time. I understand the risks of allowing someone else to have access to my health records. I have read and understand the information leaflet provided by the practice

Signature of patient

Date

# For practice use only

**\*\*\* You will be able to view the patient details via your online services within 14 days \*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The patient’s NHS number | | | | |  | |
| Identity verified by (initials) | | Date | | | Method of verification  Vouching  Vouching with information in record  Photo ID and proof of residence  | |
| Proxy access authorised by | | | | | | Date |
| Date account created | | | | | | |
| Date passphrase sent | | | | | | |
| Level of record access enabled | | | | | Notes / comments on proxy access | |
| Contractual minimum | | | √ |  |
|  | Other…………………… | | |