# chmc3 Application for online access to my medical record

# For age 16 and over only

**PLEASE BRING PHOTO ID WITH THIS FORM.**

**Please print clearly**

|  |  |
| --- | --- |
| **First name** |  |
| **Surname** |  |
| **Date of birth** |  |
| **Address with post code** |  |
| **Telephone number** | **Landline: Mobile:** |

**I wish to access my medical record online and understand and agree with each statement (tick to confirm read and agree)**

**Please also read the information on the back of this form to enable you to make the correct decision.**

|  |  |
| --- | --- |
| 1. I have read and understood the information on the reverse of this form |  |
| 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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 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 |  |
| 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. |  |
|  |  |

Patient Signature

Date



**Important Information – Please read before returning this form**

**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.**

## Before you apply for online access to your record, there are some other things to consider.

The process to arrange access for you to view your records can take up to 30 days, longer if there is a high demand for access.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

|  |
| --- |
| **Forgotten history**  There may be something you have forgotten about in your record that you might find upsetting. |
| **Abnormal results or bad news**  If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. |
| **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. If you require further clarification, please contact the surgery for a clearer explanation. |
| **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. |

For more information about keeping your healthcare records safe and secure please visit our website: [www.cliftonhousemedicalcentre.co.uk](http://www.cliftonhousemedicalcentre.co.uk)

# For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified by (initials) | Date | Method  Vouching   Vouching with information in record   Photo ID and proof of residence  | |
| Authorised by | | | Date |
| Date account created | | | |
| Date passphrase sent | | | |