

# ASHLEY SURGERY

## Online Services Access/Proxy Access - Prescriptions, Appointments and Medical Records

If you want to you can now use the internet to book appointments, request repeat prescriptions and look at your medical records.

Being able to see your record on line might help you to manage your medical conditions. It also means that you can access it from anywhere in the world should you require medical treatment on holiday.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer. It will be your responsibility to keep your log in details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agree 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 immediately. If you print out any information from your record, it is also your responsibility to keep this secure.

**The practice has the right to remove online access to services for anyone that does not use them responsibly.**

*Before you apply for online access to your record, there are some other things to consider:-*

**1. Forgotten history**

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

**2. Abnormal results or bad news**

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.

**3. 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.

**4. Coercion**

If you think you may be pressed 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.

**5. 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.

**6. Information about someone else**

If you spot something in the record that is not about you or you notice any other errors, please log out of the system immediately and contact the surgery as soon as possible.

### **Online Services Access Application**

Title	Surname	Forename
Address (please include Postcode)		
Date of Birth	Mobile Number	Home Number
Email address – <b><u>to be used for your access</u></b>		
Do you already have log on details ? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### **I wish to have access to the following on line services (Please tick all that apply)**

Online Appointments Booking	
Online Prescription Management	
Demographics (i.e gender, dob, address etc)	
Access to medical records	

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**I understand and agree to each of the statements below (Please tick all statements)**

• I have read and understood the information given by the practice.	
• I will be responsible for the security of the information that I see or download.	
• If I choose to share my information with anyone else, this is at my own risk.	
• I will contact the surgery as soon as possible if I suspect that my account has been accessed by someone without my agreement.	
• If I see information in my record that is not about me or is inaccurate I will contact the surgery as soon as possible to alert them to the error.	
• I confirm that I have read, accept and understand the coercion guidance.	

Signature of patient : Date:

## **PROXY ACCESS REQUEST**

I.....(name of patient), give permission to my GP Practice to give the following person.....proxy access to online services as indicated below.

**SIGNATURE OF PATIENT**.....

**Named Proxy person** ..... **DOB of Proxy person** .....

**Address of Proxy person**.....

**Contact Number of Proxy person**.....

**Email address of Proxy person**.....

**Signature of Proxy person**.....

Relationship to patient:- Carer  Child  Family Member  Friend  Mother  Father

Booking appointments  Requesting Repeat Prescriptions  Demographics Access to medical records

## **PRACTICE USE ONLY**

<b>Patients EMIS No:</b>	<b>Identity Verified by (initials):</b>	<b>Date:</b>
Method for verification	<b>Vouching</b> <input type="checkbox"/> <b>Photo ID &amp; Proof of residence</b> <input type="checkbox"/>	
<b>Evidence used for proxy access verification</b>	<b>Vouching</b> <input type="checkbox"/> <b>Photo ID &amp; Proof of residence</b> <input type="checkbox"/>	
<b>Application authorised by:</b>	<b>Date:</b>	
<b>Proxy access authorised by:</b>	<b>Date:</b>	
<b>Comments:</b>		