

Patient Online Access to Records (POLAR); **Appointments & Repeat Medication**

Online access allows patients to book appointments, order prescriptions and view their medical record easily and securely online. You can access any combination of these services, and you can ask us add or remove services at any time.

Medical Record Access

You can choose to access a summary of your medical record containing a brief overview of your care, or you may wish to request access to a more comprehensive version of your medical record known as a "Detailed Coded Record". The Detailed Coded Record features a thorough record of your medical history and includes information such as your vaccination history, coded consultations, and test results.

Your medical record will be reviewed by a senior administrator and/or clinician prior to online access being granted. Application does not necessarily mean access will be granted.

Please note: Due to updated data protection legislation, all patients over the age of 12 years are responsible for their own online access. Parents or Guardians who have access to a child's record will have this access revoked when the child turns 12.

If you are approved for online access, we will provide you with a username and password which will allow you to access the online clinical portal (SystemOnline). If for any reason we do not grant online access to your medical records, you will be contacted to discuss the reasons for this decision.

**Before you return this form, please read the terms and conditions found on
page 3**

Important Information

Please read the following carefully before returning this form

It is **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 else you should change your password immediately!

If you are unable to change your password please you contact the practice as soon as possible so we can lock your account until you are able to reset your password.

If you choose to print or copy any information from your record, it is YOUR responsibility to keep the information secure.

If you are at all worried about keeping printed or digital copies safe and secure, we recommend that you do not make copies at all.

Important Information

Please read the following carefully before returning this form

Your medical records may contain a lot of complex and personal information and it is important that you carefully consider a number of issues before requesting access. You will be asked to confirm that you have read and understood the following before access is granted:

- **Forgotten history:** There may be something you have forgotten about in your record that you find upsetting.
- **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.
- **Abnormal results or bad news:** In rare cases you may discover potentially upsetting information which has yet to be fully reviewed by a clinician, or information which a clinician has not yet discussed with you. This may happen 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. Chesterfield Medical Partnership cannot be held responsible for anything which happens to your information after it has been released to you.
- **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 make a request at this time.
- **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.

If you do not understand any of the information found in your medical record we recommend that you contact the practice and arrange to discuss your concerns with a clinician. You may also find it useful to visit the NHS Website at www.nhs.uk. The NHS website features information and advice regarding a wide range of illnesses, and recommendations for improving health and finding NHS services in your local area.

- **Please complete Form A: “Request for Access to GP Online Services” (page 4) to request access to online services for yourself.**
- **Complete Form B: “Consent to Proxy Access to GP Online Services” (page 5 & 6) to request access to online services for another patient.**

Terms and Conditions

- To be granted access to online services, patients must complete the Section 2 statement confirming that they understand and accept the risks and their responsibilities regarding online access.
- Applications are “per patient”. Acceptance of one member of a family does not imply acceptance of other / further family members.
- You can choose to let another person see your medical records, for example members of your family or a carer, this is known as Proxy Access. To apply for Proxy Access please complete Form B.
- If for any reason we do not grant online access to your medical records, you will be contacted to discuss the reasons for this decision.
- Patients with a history of non-attendance at pre-booked appointments (without cancelling) will not normally be granted access to online appointment booking, however the remainder of the facilities will be considered.
- If an appointment booked online is no longer required, patient must cancel the appointment as soon as possible. Repeated cases of non-attendance are grounds for the termination of online appointment booking.
- The Practice will not allow misuse of the online system and will monitor usage by individual patients. Where it is considered that a patient is misusing the system or is acting in a way detrimental to the availability of the appointment system, or other facilities, a warning letter will be issued. Where the situation does not improve, or recurs, access will be removed permanently and without further notice, at the discretion of the Partners.
- Repeat prescriptions may only be ordered where these appear on the repeat list, which is provided to patients on the tear-off portion of the last prescription issued. The request must match the repeat list exactly and must be due. Other items ordered or requested using this facility will not be actioned.
- Personal Information updating is subject to validation after submission.
- If you change surgeries, you will need to register again for online services at your new surgery.
- You can choose to stop using online services at any time. Please contact the Practice if you wish to terminate access to online services.

For Practice Use Only

Identity Verified By:	Date:	Method:	Vouching	
			Vouching with information in record	
			Photo ID and proof of residence	
Authorised By:	Date:	Level of Record Access Granted:	Declined	
			Detailed coded record	
			Parts Redacted	
Date Account Created:	Notes / Explanation			
Date Passphrase Sent:				

Form A: Request for Access to GP Online Services

Two forms of documentation are required as proof of identity. One must contain a photograph. Acceptable forms of ID include; passports, photo driving licences and bank statements. If none of the above documents are available household bills may be accepted at the discretion of a senior member of staff

1. About You:

Surname:			
First Name:			
Date of Birth:			
Home Address: (inc. postcode)			
Email address:			
Home Telephone:		Mobile Telephone:	

2. Your Online Services:

Which online services would you like to access?: *[tick all that apply]*

Booking appointments

Requesting repeat prescriptions

Access to my medical record

If you are requesting access to your medical record, please complete the following:

Which level of access would you like to request?: *[tick ONE]*

Record Summary

A brief overview of your record

Detailed Coded Record

A full summary of your medical history

3. Statement:

I wish to access online services with chesterfield medical partnership and confirm that I understand and agree with each statement: *[tick each statement once read]*

- I have read and understood the information accompanying this form
- I understand that I am responsible for the security of any information that I see or download
- If I choose to share my information with anyone else I understand that this is at my own risk
- If I think that I may come under pressure to give access to someone else unwillingly I agree that I will contact the practice as soon as possible
- I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I find information in my record that it not about me, or is inaccurate I agree that I will log out of the system immediately and contact the practice as soon as possible

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Full name: *[please print]* _____

Signature: _____

Date: _____

Form B: Consent to Proxy Access to GP Online Services

“Proxy” - a person authorised to act on behalf of another, or the authority to represent someone else.

An adult claiming Parental Responsibility for a child may control access to that child’s record and online services up until age **11**. Control will cease automatically on the child’s **12th** birthday.

Two forms of documentation are required as proof of identity for each party involved (including the patient - this may be waved when the proxy is clearly the parent / person with Parental Responsibility). One must contain a photograph. Acceptable forms of ID include; passports, photo driving licences and bank statements. If none of the above documents are available household bills may be accepted at the discretion of a senior member of staff

Note: If the patient does not have capacity to grant consent for proxy access and the practice considers proxy access to be in the patient’s best interest, the patient’s signature and statement may be omitted. Proxy access applications will not be accepted from any third party commercial company i.e. insurance companies or solicitors.

1. About The Patient: *[the subject of the online access request]*

Surname:			
First Name:			
Date of Birth:			
Home Address: (inc. postcode)			
Email address:			
Home Telephone:		Mobile Telephone:	

2. About The Representative(s): *[those seeking proxy access]*

	Proxy 1	Proxy 2	
Surname:		Surname:	
First Name:		First Name:	
Date of Birth:		Date of Birth:	
Relationship to the Patient:		Relationship to the Patient:	
Home Address: (inc. postcode)	<i>[Tick if same <input]<="" i="" type="checkbox"/></i>	Home Address: (inc. postcode)	<i>[Tick if same <input]<="" i="" type="checkbox"/></i>
Email address:		Email address:	
Telephone:		Telephone:	

2. The Online Services:

Which online services would you like to access?: *[tick all that apply]*

2a.

- Booking appointments
- Requesting repeat prescriptions
- Access to the medical record

2b.

If you are requesting access to the medical record, please complete the following:

Which level of access would you like to request?: *[tick ONE]*

Record Summary
A brief overview of the record

Detailed Coded Record
A full summary of the medical record

3. Statement(s):

Part I - To be completed by The Patient:

I, _____ [name of the patient]
give Chesterfield Medical Partnership permission to grant access to the online services selected above
[section 2] to:

_____ [name(s) of representative(s)]

I confirm that I understand and agree with each statement: [tick each statement once read]

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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Full name: [please print] _____

Signature: _____

Signature: _____

Part II - To be completed by The Representative(s):

I/we _____ [Name(s) of representative(s)]

I wish to wish to have online access to the services selected above [section 2]

for _____ [Name of the patient]

I/we understand my/our responsibility to safeguard sensitive medical information, and I/we understand and agree with each of the following statements: [tick each statement once read]

- I/we have read and understood the information accompanying this form, and agree that I/we will treat all patient information as strictly confidential
- I/we understand that I/we will be responsible for the security of any information that I/we see or download
- If I/we come under pressure to give access to, or share information with, someone else unwillingly I/we will contact the practice as soon as possible
- I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone else
- If I/we find information in the record that it not about the patient, or is inaccurate, I/we agree to log out of the system immediately contact the practice as soon as possible

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Proxy 1:

Full name: [please print] _____

Signature: _____

Signature: _____

Proxy 2:

Full name: [please print] _____

Signature: _____

Signature: _____