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Request for an additional online service to view a summary of a medical record

This application is for patients who already have access to a SystmOnline account and would like to add the new additional service to view a summary of their medical record.

Section 1 – I wish to apply to view a summary of my/another medical record, I am: (tick)

<p>1. Aged 16 years & over and wish to view my own medical record</p> <p>– <i>Please now complete sections 2 & 7</i></p>	<input type="checkbox"/>
<p>2. Requesting access to view the summary of a medical record on behalf of a patient aged 16 years & over whose details are recorded in section 6. <i>(You can only do this if you are the legal guardian or registered carer of a patient who is unable to access the online service for themselves due to physical or mental disability).</i></p> <p>– <i>Please now complete sections 3, 6 & 7</i></p>	<input type="checkbox"/>
<p>3. Requesting access to view the summary of a medical record on behalf of a patient aged 12 years to 16 years whose details are recorded in section 6. <i>(You can only do this if you are the parent, legal guardian or registered carer of a patient. The patient must also sign this application).</i></p> <p>– <i>Please now complete sections 4, 6 & 7</i></p>	<input type="checkbox"/>
<p>4. Requesting access to view the summary of a medical record for a patient aged under 12 years whose details are recorded in section 6. <i>(You can only do this if you are the parent, legal guardian or registered carer of a patient).</i></p> <p>– <i>Please now complete sections 5, 6 & 7</i></p>	<input type="checkbox"/>

Section 2

Use this section if you are aged 16 years & over and are requesting access to view a summary of your medical record

I, the applicant, wish to have access to the following online service (tick):

1. Accessing the medical record	<input type="checkbox"/>
Applicant full name:	Applicant signature:

Please now complete section 7

Section 3

Use this section if you are requesting access to view the summary of a medical record on behalf of a patient aged 16 years & over whose details are recorded in section 2. You can only do this if you are the legal guardian or registered carer of a patient who is unable to access the online service for themselves due to physical or mental disability.

I, the applicant, wish to have access to the following online service (tick):

1. Accessing the medical record	<input type="checkbox"/>
<i>Applicant full name:</i>	<i>Applicant signature:</i>

Please now complete sections 6 & 7

Section 4

Use this section if you are requesting access to view the summary of a medical record on behalf of a patient aged 12 years to 16 years whose details are recorded in section 2. You can only do this if you are the parent, legal guardian or registered carer of a patient.

I, the applicant, wish to have access to the following online service (tick):

1. Accessing the medical record	<input type="checkbox"/>
<i>Applicant full name:</i>	<i>Applicant signature:</i>
<i>Patient full name:</i>	<i>Patient signature:</i>

Please now complete sections 6 & 7

Section 5

Use this section if you are requesting access to view the summary of a medical record for a patient aged under 12 years whose details are recorded in section 2. You can only do this if you are the parent, legal guardian or registered carer of a patient.

I, the applicant, wish to have access to the following online service (tick):

1. Accessing the medical record	<input type="checkbox"/>
<i>Applicant full name:</i>	<i>Applicant signature:</i>

Please now complete sections 6 & 7

Section 6: Patient Details

Name:	
DOB:	
NHS Number:	

Section 7: Disclaimer

By signing this form, I understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my/the account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my/the record that is not about me/the patient or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

In the case of any abuse of the service, the GP practice can revoke the log-in details, stopping you accessing the service. The type of information available is at the discretion of the practice.

For Practice use only

Patient NHS Number		Surgery (Potton or Gamlingay)	
Identity verified by (name)	Date	Method (tick)	
		Vouching	<input type="checkbox"/>
Authorised by	Date	Vouching with information in record	<input type="checkbox"/>
		Photo ID and proof of residence seen and copy taken	<input type="checkbox"/>
Date online account created			
Date additional service added			
Information contained within this form match original application form (tick)			<input type="checkbox"/>
Additional service activated			<input type="checkbox"/>
Reminder set on patients home page (tick)			<input type="checkbox"/>

Add a reminder to the patient's home page as follows:

On the clinical tree, select reminders, right click and select create reminders, leave the default as "normal" and add a note stating "(Applicants name) has user access rights for online services for this patient" select OK.

To check, access the patient's home page and make sure the message appears.

Signed by member of staff completing the above "For Practice use only" section

Date