



## **WellBN Application Form for Patient Online Services and Access to Medical Records Online**

For existing and new patients, you can view your GP medical record online to look at various aspects of your healthcare and access other services like booking appointments and ordering prescriptions. Use this form to apply for or alter your existing access choices.

From 1<sup>st</sup> November 2023, NHS England enabled all patients aged 16 years and over to have automatic access to their medical records online from this date (prospective access) through the NHS app and website including other patient facing services apps, e.g. SystmOnline and Airmid.

If you would like to have secure online access to all of your medical records (retrospective and prospective access, i.e. all existing and future data) and other online services, we need to make sure that you understand what is involved and that you are happy for us to use the information about you (provided below) to set up and operate the service via SystmOnline / Airmid and / or NHS app or other services granting you access to your medical records.

There are two options to choose from regarding online access to your GP medical records with different levels of information accessible – detailed coded record access or full clinical record access.

Detailed Coded Record Access includes:

- All coded information
- Allergies/adverse reactions
- Demographics
- Immunisations
- Medications
- Problems / diagnoses
- Test results (numeric values and normal range) e.g. blood pressure or peak flow readings, blood results
- Consent to share settings

Full Clinical Record Access includes:

- Everything in the detailed coded record as described above
- Free text (including text added to codes, results and consultations)
- Letters and attachments

The following form will take you through the things you need to think about. By signing the form, you will be giving us your permission to go ahead with setting up the service for you. If you decide not to join or wish to withdraw, it will not affect your treatment in any way.

Access is granted at the discretion of the practice after a review of the information recorded in your records. We aim to review your application within a month but may be longer. You will be informed if access cannot be granted.

## Application for WellBN patient online services and access to medical records online in accordance with the UK General Data Protection Regulation (UK GDPR)

### Guidance notes – please read before completing this form:

If a child aged 13 or over has 'sufficient understanding and intelligence to enable him/her to understand fully what is proposed' (known as Gillick competence), then s/he will be competent to give consent for him/herself but may wish a parent to countersign as well.

- Patients requiring access to their own record (Sections 1, 2 and 7)
- Proxy access to health records where patient has capacity (Sections 1, 3, 5, 6 and 7)
- Proxy access to health records where patient does not have capacity (Sections 1, 4, 5, 6 and 7)
- Parents requiring access to their child's (age 13-17) record (Sections 1, 3, 5, 6 and 7)

### Section 1: Patient details

Surname		Former name	
Forename		Title	
Date of birth		Address:	
Telephone number		Postcode:	
NHS number (if known)		Hospital number (if known)	

### Section 2: Record requested

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records (choose the level of access below):	
Detailed Coded Record Access	<input type="checkbox"/>
Full Clinical Record Access	<input type="checkbox"/>
I DO NOT want access to my medical records online	<input type="checkbox"/>

I wish to access my medical record online and both understand and agree with each of the following statements (tick):

I agree to my GP practice giving me access to my GP medical records online	<input type="checkbox"/>
I have read and understood the information leaflet provided by the organisation	<input type="checkbox"/>
I understand that I will automatically see any new information (prospective records) that is added to my healthcare record and any pre-existing data (retrospective records)	<input type="checkbox"/>

I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress	<input type="checkbox"/>
I understand that I may see results / investigations / information online before the practice has been able to contact me, which could be whilst the surgery is closed and there is no one available to discuss them with me	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download / print	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the organisation as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the organisation as soon as possible	<input type="checkbox"/>
I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not, my access may be withdrawn	<input type="checkbox"/>
I agree that it is my responsibility to keep secure my username and passwords. If I think these have been shared inappropriately or compromised, I will reset them using the instructions supplied	<input type="checkbox"/>
I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. Please note, this does not affect your rights of subject access under the data protection legislation	<input type="checkbox"/>
I agree that my details may be used to contact me about how useful I find the service and whether it could be improved	<input type="checkbox"/>

<b>Patient signature</b>		<b>Date</b>	
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### Section 3: Consent to proxy access to GP Online Services (if patient has capacity)

- I..... (name of patient), give permission to my GP practice to give the following person/people ..... proxy access to the online services as indicated below in Section 5
- 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 organisation

<b>Patient signature</b>		<b>Date</b>	
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I/We wish to have access to the health records on **behalf of** the above-named patient

<b>Surname</b>		<b>Surname</b>	
<b>First name</b>		<b>First name</b>	
<b>Date of birth</b>		<b>Date of birth</b>	

Address		Address	
Postcode		Postcode	
Email		Email	
Telephone		Telephone	
Mobile		Mobile	

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper)

**Reason for access:**

I have been asked to act by the patient	<input type="checkbox"/>
I have full parental responsibility for the patient and the patient is under the age of 18 and has consented to my making this request or is incapable of understanding the request (delete as appropriate)	<input type="checkbox"/>

**Section 4: Consent to proxy access to GP Online Services (if patient does not have capacity)**

I/We wish to have access to the health records on **behalf of** the above-named patient

Surname		Surname	
First name		First name	
Date of birth		Date of birth	
Address		Address	
Postcode		Postcode	
Email		Email	
Telephone		Telephone	
Mobile		Mobile	

(If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper).

**Reason for access:**

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<input type="checkbox"/>
I am/We are acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>

I am/We are the deceased person's personal representative and attach confirmation of my/our appointment (grant of probate/letters of administration)	<input type="checkbox"/>
I/We have written and witnessed consent from the deceased person's personal representative and attach Proof of Appointment	<input type="checkbox"/>
I/We have a claim arising from the person's death (please state details below)	<input type="checkbox"/>

## Section 5: Proxy access online services available

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to the patient's medical records (choose the level of access below):	
Detailed Coded Record Access	<input type="checkbox"/>
Full Clinical Record Access	<input type="checkbox"/>
I/We DO NOT want access to the patient's medical records online	<input type="checkbox"/>

## Section 6: Proxy declaration

I/We wish to access to the medical record online of the above patient and I/we understand and agree with each statement (tick)

I/We have read and understood the information leaflet provided by the organisation and agree that I/we will treat the patient information as confidential	<input type="checkbox"/>
I/We will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
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	<input type="checkbox"/>
If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the organisation as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the [Data Protection Act 2018](#).

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Applicant signature		Date	
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## Section 7: Proof of identity

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide two forms of identification, one of which must be photographic identification before access can be set up.

Please speak to reception if you are unable to provide this.

### ADDITIONAL NOTES:

Before returning this form, please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirmed your identity by a countersignature
- Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

### REMINDERS & ADVICE

- 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. Access can also be gained on some phones using fingerprints or Face ID – please consider this.
- If you have concerns about this, 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.
- The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone they feel it could harm or be put at risk.

### Key considerations regarding online access

#### **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 office use only:****Identification verification must be verified through two forms of ID**

- One of which must contain a photo e.g., passport, photo driving licence or bank statement

Where this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

Request received		Request refused	
Reviewed by HCP		Request completed	
Comments			
Identification of	<input type="checkbox"/> Child (aged 13-17)	<input type="checkbox"/> Patient	<input type="checkbox"/> Applicant
Identity verified by		Date	
Identity method	<input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Photo ID or proof of residence – Type ..... <input type="checkbox"/> Vouching – by whom ..... <input type="checkbox"/> Vouching with information in record – by whom .....		
Proxy access authorised by			
Proxy access coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Date account created		Date password sent	
Level of access enabled	<input type="checkbox"/> Full <input type="checkbox"/> Detailed	<input type="checkbox"/> Prospective	<input type="checkbox"/> Retrospective <input type="checkbox"/> Limited parts
Notes for proxy access  <i>(If any request is refused, discuss with the organisation's DPO before informing patient/applicant)</i>			