

Online Access to Your Health Record – Adults Over 16

**We ask that you please bring photographic ID when returning this completed form to us.
We will be unable to process your request without ID e.g. Driving Licence, Passport**

Please complete all pages in full using BLOCK CAPITALS

Patient Details			
First Name(s):		Surname:	
Date of Birth:		Preferred Phone Number:	
Full Address:			
Email Address:			

I wish to request online access to:

Tick all that apply

☐ Book Appointments	☐ Request Medication	☐ Complete Online Questionnaires
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Access to Your Medical Records

• Future / Prospective Record Access

Under NHS guidelines introduced in November 2023, Patients aged 16 and over are intended to have automatic online access to new medical record entries including consultations and test results through the NHS App. You do not typically need to fill out a form for future entries, as these will appear automatically over time, subject to clinical safeguarding reviews and safety checks by the practice.

• Past / Historic Record Access

Medical history, notes, and coded entries made **prior** to the November 2023 activation are not visible by default on the NHS App. If you would like to request access to your Full Medical Record, you will need to also complete our '**Access to Full Medical Records**' form along with proof of ID. Subject to Practice Policy.

• Exceptions and Safeguarding

To protect patient safety and privacy, the practice may occasionally restrict, limit, or withhold online record access (prospective or historic) if there are concerns regarding third-party coercion, sensitive data, or potential risk to physical or mental health.

Please continue on the next page

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Access to GP Online Services – Important Information

You must tick to confirm your understanding of all the below statements regarding online proxy access to services: -	
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. This may occur before you have spoken to a clinician or while the surgery is closed and you cannot contact them.	☐
Choosing to share your information with someone It's up to you whether 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 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 to arrange an appointment with a clinician 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.	☐

Your Login Details, Password and Secure Information

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 are unable to 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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore, you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

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Patient Agreement – please tick both

☐ I have read and understood **all** the information in this form.

☐ I acknowledge that I am responsible for the security of the information that I see or download and will contact the practice immediately if I suspect that the online account has been compromised or accessed by someone without my agreement.

Patient Signature

Signature	
Full Name	
Date of Birth	
Date	

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For Practice Use Only:

Identity verified through (tick all that apply)	☐ Self-Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐ Professional Vouching		
Name of Verifier		Date	
Name of person who authorised		Date	
Name of person who added to SystmOne		Date	
Photocopied this page	☐ Yes – Name:		
Passed for scanning	☐ Yes – Name:		