

## Beaconsfield Medical Practice

**Application form for the practice online services**  
**(See notes on next page to consider prior to seeking access)**  
**You will also be required to provide identification.**

<b>Surname:</b>	<b>Date of birth:</b>
<b>First name:</b>	
<b>Address:</b>	
<b>Email address:</b>	
<b>Telephone number:</b>	<b>Mobile number:</b>

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

Requesting Repeat Prescriptions	<input type="checkbox"/>	
Accessing my Summary Medical Record	<input type="checkbox"/>	
Accessing my Detailed Coded Record	<input type="checkbox"/>	
Full Prospective Record Access (access to information and data added to the patient record from a set date onwards)	<input type="checkbox"/>	
<small><b>Please note:</b> There is a waiting list for this functionality due to the high workload required in checking and enabling record access.</small>		
I wish to receive my log in details via (please tick <b>ONE</b> box)	<b>TEXT</b>	<b>EMAIL</b>

**I wish to access my medical record online and understand and agree with each statement (tick)**

I will be responsible for the security of the information that I see or download and I have read the information on the next page	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>
Signature	Date
<b>I wish to have access to my child/children's online record; please give names:</b> (Please note this facility is available only until the child turns 11 years of age at which time access will be automatically removed.)	

### For practice use only

<b>RECEPTION DEPARTMENT</b>			
<b>ID verified by: (Initials):</b>	<b>Date</b>	Vouching <input type="checkbox"/>	Vouching with information in record <input type="checkbox"/>
		ID provided <input type="checkbox"/> (give details)	
<b>ADMIN DEPARTMENT</b>			Date passphrase sent/given:

<b>Level of record access enabled:</b> Requesting repeat prescriptions <input type="checkbox"/> SR <input type="checkbox"/>	<b>Level of record access enabled:</b> Detailed Coded Record <input type="checkbox"/>
<b>Authorised by:</b>	<b>Date:</b>

**Please note:**

- 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**

<p><b>Forgotten history</b></p> <p>There may be something you have forgotten about in your record that you might find upsetting.</p>
<p><b>Abnormal results or bad news</b></p> <p>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.</p>
<p><b>Choosing to share your information with someone</b></p> <p>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.</p>
<p><b>Coercion</b></p> <p>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.</p>
<p><b>Misunderstood information</b></p> <p>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.</p>
<p><b>Information about someone else</b></p> <p>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.</p>