



ESK VALLEY MEDICAL PRACTICE

Online Access Pack

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Please visit <https://www.patientaccess.com/>

Online Access

You can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and to look at allergies and adverse reactions within your medical record. You will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer. Further details regarding sharing your information are detailed below.

You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

Online access for other items within your medical record can be arranged following the completion of the necessary forms and approval by the doctors. Copies of these forms are enclosed in this pack.

Being able to see your record online might help you to access services more easily. If you decide not to have a higher level of access or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

The practice has a responsibility to safeguard all patients' confidential medical records and therefore proof of identity will be required for online access to be extended. It may be possible for staff to "vouch" for the identity of patients well known to them but, as we cannot guarantee that a specific member of staff will be available, all patients should be prepared to produce 2 forms of identification, one of which must be a photo-ID, such as a passport or driving license. If existing users of online services wish to extend their access they should also complete the relevant registration form and be prepared to produce 2 forms of identification.

To protect the confidentiality of children we do not offer online access for any patient under the age of 16.

If, as a carer, or family member, you are applying for access to another person's records then this will require the individual's permission in writing by completing a Proxy Access form and the approval of a GP.

Please note usage of online access will require a level of IT competence.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

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 can't do this for some reason, we recommend that you contact the practice so that we 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.

More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

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 have been 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.

How to sign up

Once you have received your letter from the surgery please use the following steps to set up your account:

1. Go to <https://app.patientaccess.com/registration>.
2. Enter the practice postcode or name of where you are currently registered.
3. Select **Search**.
4. Select your practice from the list provided.
5. Select **Continue**.
6. Below the question 'Have you received a registration letter from your practice?', select **Yes**
7. Enter the Linkage key (which is recorded on the registration letter).
8. Enter the Account ID (which is recorded on the registration letter).
9. Select **Confirm**.
10. Enter your personal details, then select **Continue**.
Note: The personal details must match the details held by your practice.
11. Enter your email address (please note this must be unique to your account), mobile number (optional), and a password of your choice.
Note: Your password must be at least 8 characters in length, contain at least one upper-case letter, one lower-case letter and one number.
12. Select the box to accept the terms and conditions.
13. Select **Register and create account**.
Your account has been created.

Application for online access to my medical record – (staff to scan and code into patient record 9IW)

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

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

I wish to access my medical record online and 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 account has been accessed by someone without my agreement	<input type="checkbox"/>
5. 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"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence (tick below) <input type="checkbox"/> passport <input type="checkbox"/> driving licence <input type="checkbox"/> bank statement <input type="checkbox"/> other (please record) <input type="checkbox"/>	

Authorised by	Date
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Date account created
Date passphrase sent/handed out

Level of record access enabled Appointments <input type="checkbox"/> Repeat Prescriptions <input type="checkbox"/> Medication <input type="checkbox"/> Allergies <input type="checkbox"/> Other, please specify <input type="checkbox"/>	Notes / explanation
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Consent to proxy access to GP online services – This form is optional and only required if you would like a carer or family member to have access to your online access account.

(staff to scan and code into patient record 9IW)

Notes: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient’s best interest section 1 of this form may be omitted.

Section 1

I,..... (name of patient), give permission to my GP practice to give the following people

..... proxy access to the online services as indicated below in section 2.

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.

Signature of patient	Date
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Section 2

Online appointments booking	<input type="checkbox"/>
Online prescription management	<input type="checkbox"/>
Accessing the medical record for (name of patient)	<input type="checkbox"/>

Section 3

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2

for (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/we have read and understood the information leaflet provided by the practice	<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 practice as soon as possible	<input type="checkbox"/>

Signature of representative	Date
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The patient

(This is the person whose records are being accessed)

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

The representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address <input type="checkbox"/>)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only

The patient's NHS number		The patient's practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence (tick below) <input type="checkbox"/> passport <input type="checkbox"/> driving licence <input type="checkbox"/> bank statement <input type="checkbox"/> other (please record) <input type="checkbox"/>	
Proxy access authorised by			Date
PLEASE NOTE THIS MUST BE A GP PARTNER			
Date account created			
Date passphrase sent/handed out			
Level of record access enabled Appointments <input type="checkbox"/> Repeat Prescriptions <input type="checkbox"/> Medication <input type="checkbox"/> Allergies <input type="checkbox"/> Other, please specify <input type="checkbox"/>		Notes / comments on proxy access	