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| **PROSPECTIVE ONLINE ACCESS DISCLAIMER**  PLEASE READ BEFORE COMPLETING THIS APPLICATION |
| By default, your online account will display all information entered on your medical record from whichever date below is the latest. This is called ‘**Prospective Access**’.   * **3rd May 2023** * **The date you registered at the practice.** * **The date you turned 16 years of age.**   You do not need to complete this application to enable ‘Prospective Access’. Just create your online account with one of the online providers (e.g., NHS App, Patient Access) and once you have followed the steps to link your account to the surgery you will automatically have access to the following:   * Booking appointments * Requesting repeat prescriptions * Access to **all information on your medical record** from the date above *(this includes consultations and test results)*. |
| Please complete this form if you would like to apply for any of the following:   * **Historical information** contained on your medical record (e.g. information *before* the ‘Prospective Access’ date above) * **Proxy access** to another patient’s online account. |

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| **DETAILED ONLINE ACCESS** |
| Use this form to apply for detailed online access to your medical record or the record of another patient. You will be able to access all the information outlined in the above ‘Prospective Access’ section as well as **coded historical information\*** for all the below areas of your medical record.  *\*The practice does not currently enable historical online access to information entered as free text. This is only viewable from the date outlined in the ‘Prospective Access’ section. Proxy users will only be able to view coded information (historical and prospective).*  **Medications**: you will be able to see the medications you are currently taking or have taken in the past. If you want to request any repeat medication you will be able to do so from this screen. There is also a link to Patient.co.uk which has further information about your medication.  **Allergies/Adverse reactions**; you will be able to see what allergies you suffer from and what, if any, adverse reactions you have had (i.e. to medication). There is also a link to Patient.co.uk which has further information about your allergies.  **Immunisations**: you will be able to see any immunisations/vaccinations we have a record of and the date you had them.  *Please note, if you are an overseas patient, or if for some reason we have not received your full record electronically, your immunisation history may not be complete. If you need a full immunisation history and believe this to be incomplete, please contact the practice so that we can check any manual records we hold for you.*  **Problems**: this section shows you your current and past coded medical problems.  **Consultations**: you will be able to see a record of all your consultations (coded data entry only, not text entries).  **Test Results**: you will be able to view your test results once they have been reviewed by your doctor. Please use the following link to help you understand the test results https://labtestsonline.org.uk/  **Values**: you will be able to view values such as your height, weight, and blood pressure. |

We need some personal information to process your access request. The information you provide will only be used for this purpose. This form is for individuals requesting their own records, not for third party organisations.

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| **DETAILS OF PATIENT** |
| **First name:** |
| **Surname:** |
| **Date of Birth:** |
| **Current address:** |
| **Email:** |
| **Telephone number:** |

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| **DETAILS OF PROXY APPLICANT**  *Complete this section if the person requesting access is not the patient.* |
| **First name:** |
| **Surname:** |
| **Date of Birth:** |
| **Current address:** |
| **Email:** |
| **Telephone number:** |
| **Level of access (please tick)**  Booking appointments  Request repeat prescriptions  Access to medical records |
| **Reason for access** |
| **Supporting evidence of authority/birth certificate (if parent/guardian)**  *Please attach additional evidence if required.* |

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| **PATIENT DECLARATION** |
| *I understand the risks of allowing someone else to have access to my health records.*  *I have read and understood the information provided by the practice on the previous pages.*  *I will be responsible for the security of the information that I see or download.*  *If I choose to share my information with anyone else, this is at my own risk.*  *I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement.*  *If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.*  *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 record(s) referred to above, under the terms of the Access to Health Records Act (1990) / General Data Protection Regulation (GDPR) / Data Protection Act 2018.*  *I am the patient (aged 16 years or over)*  ***Patient is aged under 16 years or lacks capacity to complete this form (please provide further evidence in the proxy applicant section above).*** |
| **Patient’s Full Name:** |
| **Patient’s Signature:** |
| **Date:** |

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| **PROXY DECLARATION**  *Complete this section if the person requesting access is not the patient.* |
| *I have read and understood the information provided by the organisation and agree that I will treat the patient information as confidential.*  *I will be responsible for the security of the information that I see or download.*  *I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement.*  *If I see information in the record that is not about the patient or is inaccurate, I will contact the organisation as soon as possible. I will treat any information which is not about the patient as being strictly confidential.*  *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.*  *I understand that the making of false or misleading statements to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.* |
| **Proxy Full Name:** |
| **Proxy Signature:** |
| **Date:** |

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| **IDENTIFICATION UPLOAD** |
| To complete your application, we require Photo ID for both the **patient** and the **proxy applicant** (if applicable).  **Acceptable Identification**:  *Student ID, Photo Driving License, Passport, Tenancy agreement, Mortgage statement, Bank statement, Utility bill (date within the past 3 months) etc.*  We will not store these documents and we will securely delete / destroy them after our initial verification.  **Please email this completed form, including your photo ID and any other supporting documents to:** [**bnssg.shsadmin@nhs.net**](mailto:bnssg.shsadmin@nhs.net) |
| **Privacy Consent**  This form collects personal and medical information about you. We use this information to allow the practice team to contact you. Please read our Privacy Policy on our website for more information on how we protect and manage your data.  *I consent to the practice collecting and storing data from this form.* |

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| **DISCLAIMER** |
| * If there is any doubt about the applicant’s identity or entitlement, information will not be released until further evidence is provided. You will be informed if this is the case. * Under the terms of GDPR, requests will be responded to within one calendar month after receiving all necessary information. * Information disclosed under a Subject Access Request may have information removed; this is to ensure that the confidentiality is maintained for third parties referred to who have not consented to their information being disclosed. |