

"We will encourage people to take responsibility for their own health and well-being whilst treating those who become ill with care, compassion and skill."

ONLINE ACCESS TO RECORDS REQUEST

In accordance with the UK General Data Protection Regulation (UK GDPR)

Guidance notes – please read before completing this form:

Patients with online accounts, such as through the NHS App, should be able to read new (prospective) entries in their health record. This form applies to past (retrospective) record entries and historic data.

Section 1: Patient details

| | | | |
|----------------------|--|--------------------|--|
| Surname | | Former name | |
| Forename | | Title | |
| Date of birth | | NHS number | |
| Address: | | | |
| Telephone No | | | |

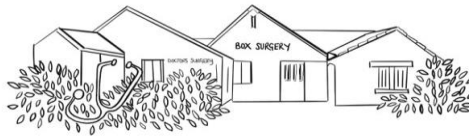
Section 2: Record requested

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

| | |
|---------------------------------|--------------------------|
| Booking appointments | <input type="checkbox"/> |
| Requesting repeat prescriptions | <input type="checkbox"/> |
| Access to my medical records | <input type="checkbox"/> |

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

| | |
|--|--------------------------|
| 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. | <input type="checkbox"/> |
| I will be responsible for the security of the information that I see or download | <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"/> |



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| | | | |
|---------------------------|--|--------------|--|
| Patient signature: | | Date: | |
|---------------------------|--|--------------|--|

Section 3: 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.

For office use only:

Identification verification must be verified through two forms of ID

- One must contain a photo (e.g., passport or photo driving licence) and bank statement/utility bill etc
- When 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 | | |



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| | | | |
|-------------------------|--|--------------------------------------|---|
| | <input type="checkbox"/> Vouching with information in record – by whom | | |
| Date account created | | Date password sent | |
| Level of access enabled | <input type="checkbox"/> All | <input type="checkbox"/> Prospective | <input type="checkbox"/> Retrospective <input type="checkbox"/> Limited parts |