**The Lakes Medical Practice**

**Bridge Lane, Penrith, CA11 8HW**

**Patient Online Access – 16 Years of age & Over**

**Over 16 years:** Once a child reaches the age of 16, they are assumed to be competent unless there is an indication that they are not. Therefore, they may request access to the online services for their own use.

**ID/Checks** Must be provided **IN PERSON** and checked at the practice to gain online access. Where no ID is available you will need to attend the practice in order to carry out security checks.

**It can take up to 28 working days, (longer during busier periods, or where additional checks need to be carried out) to assess online/app access applications. The GP holds the final decision over access to online services and records.**

**Section 1 – To be completed by the patient**

**I,**……………………………………………………………….. (Name of patient) **Date of birth**……………………..

**Address**…………………………………………………………………………………………**Postcode**……………………..

**E-mail to be used for online account:**…………………………………………..(Print clearly)

**Things to consider before you apply for online access to your Medical Record:**

• **Forgotten history** – there may be somethings you have forgotten or were not aware of in your record that you may find upsetting.

• **Abnormal results** – if your GP has given you access to test results you may see

something that you find upsetting. This may occur before you have spoken to you

doctor or while the surgery is closed.

• **Choosing to share your information** – It is up to you whether you share your

information with others- it is your responsibility to keep your information safe and

secure.

• **Misunderstood information** – your medical record is designed to be used by clinical

professionals to ensure you receive the best possible care. Some information within

your medical record may be highly technical, written by Consultants and not easily

understood.

• **If you spot something about someone else** - in your medical record that is not about

you, please contact the surgery as soon as possible.

**Section 2**

**I wish to access my medical record online, understand the following and agree with each statement – You must INITIAL each box to confirm:**

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I see
 |  |
| 1. If I choose to share my information or access to my online account with anyone, this is at my own risk
 |  |
| 1. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement or I wish to remove my online access
 |  |
| 1. I understand and have read THINGS TO CONSIDER provided by the practice
 |  |
| 1. I understand the practice is only responsible for entries made since I registered with **The Lakes Medical Practice**
 |  |

**Section 3**

**I am aged 16 years or above, I am requesting access to my online medical records and have read the information provided above**

|  |  |
| --- | --- |
| **Signature**…………………………… | **Date**…………………………….. |

**FOR PRACTICE USE ONLY:**

|  |  |  |
| --- | --- | --- |
| **Patient EMIS number:** | **Identity verified by & Date:** | **Vouching/Photo ID:** |
|  |  |  |
| **Approved by GP (Name):** | **Access denied/Reason:** | **Date:** |
|  |  |  |
| **Date access set up & by:** | **Date patient informed:** | **Scanned to record by:** |
|  |  |  |