**SHOTFIELD MEDICAL PRACTICE**

**PATIENT ONLINE ACCESS**

Shotfield Medical Practice provides online access to patients to enable them to; make and cancel routine GP appointments, request regular repeat medication and routinely view some aspects of your medical records online. These other items include details of; allergies and adverse reactions, your medication and immunisation history and results of investigations. These may be very useful to you and reduce the need to ring or come to the surgery to obtain information.

To sign up for this service please go to our website at [www.shotfieldmedicalpractice.co.uk](http://www.shotfieldmedicalpractice.co.uk) and follow the instructions below.

Please access our website using the link above and click into the patient online access log in link on the left hand side of the home page. You will then be taken to the Patient Access website.

The options are; register as a new patient or log in using your ID. If you have never registered for online access before you would need to first click the register button.

You will now be taken through the registration process which will initially ask you if you have received a PIN and Access ID from your GP surgery, please answer NO to this. It will then ask you for the post code of the GP surgery please enter SM6 0HY. You will be taken to another screen which will show Shotfield Medical Practice please highlight this and press next. You will now be asked to fill in your contact details and set up a password. **Please note** if you have not yet fully registered with the practice the system will not be able to find you as it links into our clinical system.

Once you have been accepted onto the system you will be asked to set-up 5 security questions, this is to enable you to re-set your password if you ever forget it. You should not need to contact the surgery if you forget your password as the system will prompt you to re-set your account with the security questions provided. Once this is finalised you will be sent an email confirming your details.

The system will now ask you to attend the practice with identification before these items can be fully accessed.

Please attend the surgery and bring with you **ONE form of photo ID**, this could be a student card, passport or driving licence but must be valid. Please also bring with you the **online access consent form** attached to this information sheet. All this informationwill then be forwarded to the IT Manager who will accept your request usually within 7-10 days of receipt of the documentation.

If you have an old access that only permits you to make and cancel routine appointments with a doctor and to request repeat medication and you would like the new enhanced access described above, please complete the consent form and return it to reception with the photo ID as detailed and this can be upgraded for you.

**If you lose or forget your login details you can go to the website and patient online access link and choose the ‘I forgot my user ID or password’ link, then follow the instructions.**

**Before you apply for online access to your records there are some other things to consider**

**Forgotten History**

There may be something you have forgotten about in your record that you might find upsetting.

**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 by a clinician.

**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 be pressured into revealing details from your patient record to someone else against your will, it is best that you **do not** register for online access at this time.

**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 and contact the IT manager at the practice as soon as possible.

**Patients Under 16**

Following guidance patients under the age of 16 will not routinely have online access to their records. At age 16 patients will be written to about this and they will have the option to register for online access at this point.

**Full Access to Medical Records**

If you need to access your entire medical record including problems, consultations and other attachments, you will need to apply in writing to the Practice Manager and after viewing by the GP this facility may then be switched on.

***Shotfield Medical Practice***

[**www.shotfieldmedicalpractice.co.uk**](http://www.shotfieldmedicalpractice.co.uk/)

**Patient Online: Access to GP online service registration & consent form**

**Please complete in full and write clearly and in block capitals**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Date of birth |  | | |
| Address |  | | |
| Postcode |  | | |
| Email address |  | | |
| Tel No (home) |  | Mobile number |  |

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

## 

|  |  |
| --- | --- |
| 1. Booking and cancelling GP appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Allergies and adverse reactions | 🞏 |
| 1. Results of investigations | 🞏 |
| 1. Immunisation history | 🞏 |
| 1. Medication history | 🞏 |

# Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please tick all items, sign and date or this application cannot be processed)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in my record that it not about me, or is inaccurate I will contact the practice as soon as possible | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

### For practice use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Photo ID 🞏  Proof of residence 🞏 | | Initials of verifier: | | Date: |
| Name of person who authorised (if applicable) |  | | Date: | | |
| NHS number |  | Practice computer ID number | |  | |
| Date account accepted |  | | | | |