



Howard Medical Practice

Application for full detailed online access to my medical record

Surname	Date of birth
Firstname	
Address	
Email address	
Telephone number	Mobile number

Core Record Summary ☐

• Book appointments
• Request repeat prescriptions
• Patient messaging

Detailed Coded Record ☐

• Full Detailed Coded Record access (detailed coded record questionnaire to be completed)

I wish to access my full detailed coded medical record online and understand and agree with each statement below (tick)

1. I have read and understood the information leaflet and I have completed and returned the questionnaire 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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<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"/>
6. If I think that I may come under pressure to give access to someone else unwillingly 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 seen <input type="checkbox"/>	
Authorised by		Date	
Date account created			
Questionnaire received (detailed coded account not to be created without this) Yes/No			
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retro spective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>		Notes / explanation	



Howard Medical Practice

Howard Street . Glossop . SK13 7DE . Tel 01457 854321 . Fax 01457 854439

Dr S Vuyyuru

Viewing Your Full Electronic Detailed Coded Health Record Online

Full Name: _____

D.O.B: _____

If you agree to be contacted via e-mail please supply email Address:

Date of completion:

1. Are you a patient at Howard Medical Practice? **Yes / No**

2. I am doing this questionnaire for myself **Yes / No**

3. If you answered no to question 1, please state your relationship to the above patient:

4. Can you read and understand English? **Yes / No**

5. Are you already registered for ordering repeat prescriptions and booking appointments on-line?

Yes / No

6. Are you happy to use passwords to access your record? **Yes / No**

7. After you have been to the doctor or to the hospital, you can check if the encounter has been recorded and what was discussed. Do you agree this is a good reason to have access to your records?

Yes / No

8. Would you like to feedback what you think of the Records Access system? **Yes / No**

9. There may be an instance when accessing your medical records online that you may read some information that could be shocking or upsetting. What would you do if this happens and you cannot speak to your doctor /nurse immediately? (Please tick all that apply)

- ☐ Wait until you see the doctor / nurse for them to explain further
- ☐ Panic and get worked up
- ☐ Look at reputable website like NHS Choices or check the self-care section at www.howardmedicalpractice.nhs.uk
- ☐ Wait and contact the practice the next working day
- ☐ Contact NHS111 to get further information
- ☐ Contact the Out of Hours Service
- ☐ Go to A&E for further help

10. You see a new letter has arrived in your electronic health record. You open up the letter to find it is about another patient in the practice. What do you do?

- ☐ Read it and tell that person what you have read
- ☐ Inform the practice
- ☐ Don't tell anybody about it

11. Would it upset you if you read something somebody else has said about you with regards to your health?

- ☐ No
- ☐ Yes – I don't want this information kept in my record
- ☐ Yes – You should not believe what others say
- ☐ Yes – this could destroy our relationship
- ☐ Don't know

12. Do you feel you understand what Records Access means? **Yes / No**

Comments/Questions

Feel free to write any comments or send an e-mail (TGCCG.howardmedicalpractice@nhs.net) if you need further help.

Signed

Date

Please hand this, completed, questionnaire to the receptionist. We will process your request and send a letter or email following completion of the process.

**** Please note that this may take up to 30 days to complete**