**Subject Access Request**

**Online Access**

**Personal Details**

Date of Birth:

Email Address:

Telephone Number:

Name:

Address:

 If applying for a child please state your full Name

Online Access provides a 24 hour service that enables you to book appointments, request medication and see your medical history online or through the app.
*Please tick which service you wish to access:*

Booking & cancelling appointments ☐ Requesting repeat prescriptions ☐

 **Accessing my medical record** – Medications & Allergies & Immunisations ☐

Test results ☐ Problems, History & Consultations ☐

**Statements of Use**

* I Understand that it is my responsibility to ensure the security of the information I see or download
* Any information I share is done so at my own risk
* If I suspect my details has been accessed by someone without my consent I will contact the surgery immediately
* If the information on my record is inaccurate I will contact the surgery as soon as possible
* I have read and understood the Access information Leaflet.
* I understand the I cannot request personal data from anyone else, unless I am a parent/ Guardian of a child under 13

Printed Name: Signature: Date:

**For Practice Use**

**ID Provided** ☐ **ID Type Checked by: Date:**

**Access Granted** ☐ **If not granted state the reason**

**Request Details**

Please state the **exact** details you wish to obtain.

Select how you want to access records: ☐ **ONLINE** ☐ **PAPER COPY**

Please write what is needed

Reason for the request

Information dated from to Relating to the medical condition

**If ENTIRE medical records are required please state ALL in each box.**

**Please note paper copies can take up to 30 Days**

**Authorisation and identification**

By signing below, you indicate that you are the individual named above or the legal guardian/Carer.

I am the patient ☐ I am the Parent/Guardian ☐ I am the carer ☐

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 records / information referred to under the terms of the Data Protection Act 1998 / Access to Health Records (NI) Order 1993 Your

Printed Name: Signature: Date:

**For Practice Use**

Form completed appropriately ☐Form handed to Maria ☐Form recorded on spreadsheet☐ P Printed off ☐ GP Approved ☐ Form recorded as completed☐

Additional Notes

Ready to be Collected☐ *Attach form with print out*

ID provided on collection ☐ Patient Signature on Collection

Document Scanned ☐

**Access Information Leaflet**

When viewing your medical records online or printed, there are important facts and information to consider.

* **Misunderstood Information**

Your medical records and made and maintained by healthcare professionals to ensure that you receive the best clinical care possible. Some of the information that you find in your records may be very technical and therefore not easily understood. If you require clarification of any kind please contact the surgery.

* **Abnormal Results**

If you have full access you may come across abnormal rest results. This isn’t something to be concerned about. Abnormalities come with different ages, races, sexes among more. These abnormal results may be entirely normal for you as an individual. It is being aware that occasions may arise that you receive abnormal results, but are unable to contact the surgery as it is closed.

* **Responsibility**

It is the responsibility of you whether or not you sure your information with others, as well as to keep the records safe and secure.

* **Coercion**

If you think you will be pressure into revealing your information against your will to someone else, it is recommended that you do not register for access at this time.

* **Forgotten history**

There may be somethings you may have forgotten in your past that is recorded in your history.

* **Wrong information**

If you find something on your records that is not about you please log out the system immediately and inform the practice as soon as possible. This is also the case if you find any other errors about your care.