**cid:image001.png@01CF9862.86871390Request to view full medical record where access has previously been withheld**

From the 1st of November 2023 patients who are registered with the NHS App or another online access App will see their full medical record by default. This includes their consultation information, test results and documents e.g. hospital letters. This will apply to all patients and there is no need to request this full access from the practice.

There are some patients for whom access to their medical record online would present a risk, for example patients at risk of domestic violence or patients with serious mental health conditions. To safeguard these patients from that risk the practice has identified those patients and the access to this information has been withheld.

If you find that you are unable to access your full medical record after the 1st of November 2023 and you would like to see this information please complete the form below and your request will be reviewed. You can take your form into any of our surgeries or email it to [ddicb.admin.staffahealth@nhs.net](mailto:admin.staffahealth@nhs.net).

|  |
| --- |
| First name: |
| Surname: |
| Date of birth: |
| Email address (essential to access online services): |
| Home Telephone number: |
| Mobile telephone number: |
| Address:  Postcode: |

Please read and agree with each statement (please tick or state ‘Yes’ to all that apply),

If access is granted to my full medical record:

|  |  |  |
| --- | --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | |  |
| 2. I am responsible for the security of the information that I see or download | |  |
| 3. If I choose to share my information with anyone else, this is at my own risk | |  |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | |  |
| 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 | |  |
| Signature: | Date: | |

Thank you.

Your request to view your full medical records will be reviewed by the practice. You will be informed of the practices decision once this review has taken place.

# For practice use only

|  |  |  |
| --- | --- | --- |
| **Patient NHS number:** | | |
| Access in SystmOne reviewed by (name(s)): | |  |
| Date access reviewed: | |  |
| Access granted or declined: | |  |
| If access is granted patient record to be coded as: | Online access to own health record granted following enhanced health record review Y3b34 1290311000000106  And  Enhanced review not indicated before granting access to own health record (Y2fff) 1364751000000106 | |
| Notes / explanation: | | |
| Please send text message to patient informing them of the outcome of the review. | | |