

## Care Home User Access Request To Residents SystmOne Online GP Record

This form should be completed by Care Home staff who require access to their residents GP record through the SystmOne online service. One form should be completed per user.

Once completed this form should be taken to the relevant GP Practice together with one piece of photographic ID and one proof of address e.g. utility bill.

Nam	e of GP Practice	Name of Care Home		
	Section 1 – to be completed by the person requesting access.			
1.1	Your first name			
1.2	Your surname			

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1.2	Your surname		
1.3	The name your colleagues know you by		
1.4	Your role in the care home noted above		
1.5	Date you last received Information Governance/Data Protection training		
1.6	Level of access required	Required	Please tick if required
		Medication	
		Requesting	
		Viewing Summary Care Records	
		Full clinical record	
1.7	Are you registered with a		
	professional body?		

Section 2 – to be completed by the person requesting access, if they answered 'yes' to 1.7

2.1	Name of the professional body you are registered with e.g. NMC etc.	
2.2	Registration number	
2.3	Registration expiry date	

Section 3 – to be completed by the person requesting access, if they answered 'no' to 1.7

3.1	Please explain below how residents will benefit from you being able to access their SystmOne Online GP record:
<u>Secti</u>	on 4 – User Declaration: to be completed by the person requesting access.

By signing this declaration you are confirming that the information you have provided above is true, up to date and correct and you understand that:

- You are only permitted to share and use the information you obtain from a residents SystmOne Online record for the direct care (including safeguarding) of that resident.
- You MUST not share any of your login details.
- You are only permitted to access the SystmOne Online service:
  - o from a device issued by or approved by the care home noted above.
  - o whilst on the premises of the care home noted above.
  - o using the Wi-Fi service provided by the care home noted above.
- Your access is auditable by the care home noted above and by the GP Practice the resident is registered with.
- Inappropriate access, sharing your login details or disclosing/sharing information other
  than for the care of the resident the information is about, may result in the loss of your
  employment/contract, loss of your professional registration (where applicable) and may
  lead to personal prosecution.

Once you have signed please ensure you keep a copy of this form for your own records.

4.1	Signature	
4.2	Date	

**Section 5 –** Care Home Declaration: to be completed by the Care Home Manager.

Care Home – once completed and signed, please keep a copy for your records.

Please circle

5.1	Are you the person noted in Section 1?	Yes	Do not sign below. Please ensure you have signed the User Declaration in Section 4 above and provide evidence of your role within the care home.	
		No	Please sign below	

By signing this declaration you are confirming that you have checked all of the information provided above and can confirm that it is correct.

5.2	Signature	
5.3	Date	

## For GP Practice use only

Care Home Online User Details			
First Name:	Middle Name(s):	Surname:	
Method of verification:	Method of verification:  Passport ☐ Driving Licence ☐ Other ☐ please specify:		
Identity verified by:	dentity verified by:		
Date of verification			
Access authorised by			Date
Date account created			
Date passphrase sent			
Notes / comments on proxy access:			
Justification for giving access if user is not a registered health professional:			