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| **Your details** | |
| Surname: |  |
| First name: |  |
| NHS.net email address / work email address:  (We do **NOT** accept non-corporate addresses, e.g., Hotmail, Gmail, yahoo.) |  |
| Occupation (e.g., doctor, nurse, pharmacist, administrator): | Pharmacist |
| Role / Job title: |  |
| Phone number: |  |
| Employing organisation: |  |

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| **Access and validation** | |
| Type of access required (delete as appropriate) | Clinical |
| \*\*\* If you are **not** a clinician but require **full clinical access**, you will need to provide details of the person validating your request. \*\*\* | |
| **Who can validate a request?** | |
| Care Home staff- one of the following:   * Doctor * Nurse * CQC Nominated Individual of your care home | NHS / Social Care staff – one of the following:   * Doctor * Nurse * Senior Manager |
| My request for clinical access is validated by: | |
| Surname: |  |
| First name: |  |
| NHS.net email address / work email address: |  |
| Role / Job title: |  |
| Employing organisation: |  |

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| **Acceptable Usage Agreement (CHIE Terms & Conditions of use)** | |
| I will ensure that where practical, as a care professional, I will ask the patient before accessing CHIE for patient care. If the patient is unconscious or not present but would benefit from my care, I may use my judgement about accessing the information. I accept that the CHIE may have information missing and will make my clinical decisions accordingly.  I agree to keep my username and password secure. I will make sure that no one else can access the CHIE in my name.  I am aware that an audit trail will detail my name and date of all records that I have accessed/viewed and that a patient can request a copy of the audit trail of all staff who have accessed their record. I accept that my personal details will be recorded to enable the audit trail to work.  I accept that disciplinary action may be taken against me if I do not abide by the security & confidentiality policy. | |
| **I have read and agreed to the AUA above** | Yes |