

Data User Certification Request Form for Access to Open Exeter

Staff in GP Practice Organisations

Please ensure this form is completed fully. Once completed, please send to the Access Control Manager at the designated PCSS office responsible for the system(s) to which access is required¹.

The Access Control Manager will then process the application online using the Organisation Maintenance facility. Incorrect completion of this form may result in a delay in the processing of your application.

A separate Data User Certificate Part B **must** be completed for each User.

Part A - Organisation Details

Organisation (ODS) Practice Code							
Organisation Name							
Address Line 1							
Address Line 2							
Address Line 3							
Address Line 4							
Post Code							
Telephone Number							
Fax Number							

Primary Contact

Name	
Email Address	
Telephone Number	
Job Title	

The Primary Contact is an important role as this individual will sponsor each individual application and will receive the username and password for each new user within their organisation. When completing a new application, please ensure that the Primary Contact name is the same as on previous applications. If the existing Primary Contact changes their role or leaves, a new individual will need to be appointed to take on the role. If this is the case, please complete the authorisation below. The Primary Contact will be given the Organisation Maintenance facility in order that they may reset passwords for users within their organisation.

I authorise the individual named above to act as the Primary Contact for the named organisation.

Signature of previous Primary Contact, Partner or Caldicott Guardian of the named organisation.

Signature: _____ **Print Name:** _____

¹ For a list of Access Control Managers, please see the list available here <https://nww.openexeter.nhs.uk/nhsia/CipherQCodes/DataControllerList.jsp>

I certify that the person named as Data User has a justifiable purpose and legal basis for accessing the data requested. Please grant access as shown below.

Primary Contact signature and date	
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Part B - Data User Certificate

Name	
Email Address	
Telephone Number	
Job Title	
Declaration (please tick to show you have read and sign below)	<input type="checkbox"/> I understand that the data accessed via the Open Exeter system is of a confidential nature and that 'person identifiable data' must not be passed on to a third party without the consent of the individual concerned. <input type="checkbox"/> I am aware of my responsibilities under the Data Protection Act and agree to abide by them.
Signature and date	

Purpose for which access to data is required	OE applications required
Confirming patient/GP details/NHS numbers	Patient Details,
View outstanding medical records	Outstanding medical records
Register Blood Donors	Blood Donor (including Update)
Register Organ Donors	Organ Donor (including Update)
Childhood immunisations	Childhood immunisation Lists for Practice staff (update and submit) Notification Email.....
	Childhood immunisation Lists update only (not submit)
	Childhood immunisation Lists historic
Cervical Screening Programme	DES/LES facility
	Cervical Screening Reports
	Prior Notification Lists Notification Email
	Practice electronic cards Notification Email.....
Breast Screening	HPV Vaccinations
	Breast Screening
Provision of Home Oxygen to patients	Breast Screening Episodes
	GP Home Oxygen (For Practice Staff)
Practice Overview	
	GP capitation statement
	GP Patient index
Monitor internal use of Open Exeter	
	Organisation maintenance
Practice Finance	
	GP statements Email
	Drug payments
	Temporary Residents & Emergency Patients
	Vaccinations and immunisations
State other reason:	

NHAIS SYSTEM ACCESS CONTROL MANAGER SECTION

ACM

Name	
Email Address	
Telephone Number	

Authorisation for Account to be setup

ACM Signature	
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Account setup and Key Contact informed

ACM Signature (or deputy)	
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