**Sample Access Document A**

I use a separate mobile phone solely for my clinical work (1234567890). The code to access this phone is 012345. My patients are identified in the contacts list in this phone using numbers to designate their initials. The numbers relate to the sequence of letters as they appear in the alphabet (e.g. the initials CF would appear as 3-6).

I update my calendar in my phone at the beginning of each week. That calendar is therefore the most up to date record of my patient list. In effect, it is my Active Patient List. There may be patients I see fortnightly or whom I have arranged to see some months in advance, so it is necessary to check the appointments in the calendar, not just for the week, but for some months going forward. You also have my Patient List provided to you every six months. Provided you have access to my practice mobile phone that – together with my Patient List - should be sufficient to enable my patients to be contacted in the first instance.

I carry my practice mobile phone with me at all times, so please ask [AB] or [CD] to give it to you. I can confirm that they have been informed about the existence of the phone and that you should have it if you ask for it.

I keep very limited patient notes. They are paper notes. I keep no patient notes on my computer or phone. In order to access those paper notes, you will need to obtain keys to the office [insert address] where I practise. Please ask [AB] or [CD] for them. There are 2 sets of keys - one always in the briefcase I use for my work and a spare set in the key box in the hall in my home. The sets of keys are identifiable because they each have a key fob – one yellow and one green - to gain entry to the building where my office is located and 2 keys to open the office front door. The paper notes (labelled with the relevant numbers to designate the initials of my patients) are on a shelf on your left in the first hall cupboard on your left as you enter the office. That shelf also has some of my supervision notes in a notebook so labelled, together with 2 further notebooks. One contains dates of sessions for each patient identified by their initials, and the other contains the patient record for each patient (at the back) and fee records (at the front) and a list of patients addresses and telephone numbers (last page).

The rest of the cupboard houses materials from my various trainings, CPD, and my own notes, essays and other writings. In the consulting room itself are my books and bookshelves and a long narrow table with two drawers. The drawers need to be checked for paper invoices not yet sent to patients so that they can be provided to the executors of my will and for any rough notes referring to my clinical work so they can be destroyed.

**Sample Access Document B**

**1. Computer**The laptop is to be found in my consulting room. Access to the room may be arranged by contacting AB on telephone number 12345 678 901. The password to my laptop is ABCDE12345. Papers relating to patients are to be found in folders marked 123 and 4.

**2.**  **Mobile telephone**No patient details are retained on my mobile telephone.

**3. Landline**The message on my practice number (0000 000 0000) may be accessed by contacting AB at point 1, above.

**4. Contact list for patients, supervisees, tutees and other organisations which should be contacted**This list is at the front of the top drawer of the two drawer filing cabinet in my consulting room. Access to this room and to the keys to the cabinet may be arranged with AB at 1, above. The list shows the days and times of clinical, supervisory and tutorial appointments.

**5. Patient and supervisee records**These paper records are to be found behind the contact list, above, in the top drawer of the filing cabinet in my consulting room. These records are patient identifiable and contain factual data only.

**6. Clinical notes on patients and supervisees**These paper notes are not patient identifiable and contain some process notes, my rough ideas, musings, aide memoire to self and other jottings.

**7. Financial records**On-line working replaced paper fee notices. On-line notices, by email, are to be found in the inbox of my laptop. My notices to patients are intentionally ambiguous and do not relate to the nature of the professional service provided. Paper records, listing payments from patients using initials only, are to be found in the top drawer of the filing cabinet behind the contact list.

**8. Professional books and other general papers**

These are to be found on the bookshelves and cupboards in the hall outside my consulting room at my practice base. Access to these is via AB at 1, above.

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**Sample Access Document C**

**Patient List**

This is an encrypted document held on OneDrive\*. The link is xxxxxxxxxxxxx. The password\*\* is xxxxxxxxxxxx. This is updated whenever there is a change to my practice and is therefore the most up-to-date list. An encrypted list is sent twice a year – at the Christmas Break and at the Summer Break – by encrypted email to my Clinical Trustees.

**Clinical Email**

I use Protonmail as my secure email provider for any contacts with patients. An automated reply should be set-up in the first instance asking patients to contact you. The log-in page is here: [www.protonmail.com](http://www.protonmail.com) . The password is: xxxxxxxxxx.

**Answerphone messages**

I use a separate landline solely for my clinical work (xxx xxxx xxxx). The code to access this phone externally is xxxxx; messages can be listened to remotely and the answerphone message can be changed as needed. My patients are identified in the contacts list in this phone using first names.

**Paper records**

I keep a diary with patients’ appointment times using their initials. I have a record of current patients’ invoices and payments, alphabetised using their initials, in an A5 filofax on my desk. Previous patients’ accounts are in the bottom drawer of my filing cabinet in a clearly marked folder.

\*Online data: I’m aware that the move out of the EU’s coverage of GDPR means that data needs to be stored in the UK in the absence of agreements covering the same legal standards (though I am also looking at Switzerland).

\*\*2-factor authentication for passwords may become a problem, depending on what token needs to be used (ie physical possession of my mobile phone or an authenticator key).