



APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

Surname: _____ | First Names: _____
 Date of Birth: _____
 Home Address: _____
 Email Address: _____ Mobile Number: _____

I wish to have access to the following online services (cross):

1. Booking Appointments	<input type="checkbox"/>
2. Requesting Repeat Prescriptions	<input type="checkbox"/>
3. Accessing my Medical Record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (cross)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
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	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

* **Signature:** _____

Date: _____

The patient's NHS number		The patient's practice computer ID number	Level of record access enabled	Notes / comments on proxy access
Identity verified by receptionist (initials)	Date	Method of verification: Birth certificate and proof of address <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	Prospective (from the date GP has approved the access) <input type="checkbox"/> Retrospective (01.04.2017) <input type="checkbox"/> All <input type="checkbox"/> Limited parts (specify) <input type="checkbox"/> Detail coded <input type="checkbox"/>	
Date account created by admin:		Authorised by GP:		Date: Signature:
Date PIN sent by admin: Email <input type="checkbox"/> Letter <input type="checkbox"/>		Name:		