

Application for online access to my medical record

Surname		Date of birth	
First name		Title	
Address			
Postcode			
Email address	Every email address can only be used once (not for multiple patients).		
Telephone		Mobile number	

I wish to have access to the following online services (please tick all that apply):

1. Booking appointments and/or requesting repeat prescriptions	<input type="checkbox"/>
2. Accessing my medical record in basic form	<input type="checkbox"/>

I wish to have online access and understand and agree with each statement (tick)

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"/>
7. If applying for parental access for a child under the age of 16, please tick to confirm that you have parental rights and will keep us informed should the situation change.	<input type="checkbox"/>
8. I am happy for my confidential log-in details to be posted to me. If left unticked, you will need to collect your log-in details from us.	<input type="checkbox"/>

Signature	Date

For practice use only

R E C E P T I O N	Patient NHS number		Practice computer ID number	
	Identity verified by	Date	Method – what have you seen? Vouching <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of address <input type="checkbox"/>	
A D M I N	Authorised by			Date
	Date account created and passphrase set			
	Level of record access enabled			
				Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>