

Application for online access to my medical record

Please return this form and bring in a photo ID (e.g. Passport or Driving Licence)

(Please ignore any emails you receive regarding the online service until you receive your registration information letter in the post)

Surname		Date of birth
First name		
Address		
Postcode		
Email address		
Telephone number	Mobile number	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

The section below must be completed in order to register with any of the above online services

I wish to access part/all of my medical record online 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"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method	Vouching <input type="checkbox"/>
			Vouching with information in record <input type="checkbox"/>
			Photo ID (please specify) _____ <input type="checkbox"/>
Authorised by			Date
Date account created			
Date patient provided with registration info			
Level of record access enabled		Notes / explanation	
All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded rec <input type="checkbox"/> Limited parts <input type="checkbox"/>			