# Application for online access to my medical record

|  |  |
| --- | --- |
| 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 | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record | 🞏 |

# \*Please note that by 31/03/2015 you will be offered basic access to your records (medications, allergies and adverse reactions).

# Extended access will be rolled out in stages from 01/04/2015. You do not need to do anything to obtain extended access, you will be able to view additional items e.g. test results, problems, letters when they become enabled.

I wish to access 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 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | 🞏 |

*\*Please note that this practice is only responsible for the data entered since you registered with us. It is still your right under Data Protection Act 1998 to request any factual amendment, no entry can be removed but your comment will be recorded.*

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | | |
| Identity verified by  (initials) | Date | Method Photo ID and proof of residence 🞏  Photo ID (existing patients) 🞏  Vouching 🞏  Vouching with information in record 🞏 | | |
| Authorised by | | | | Date |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled Contractual minimum 🞏  Prospective 🞏  Retrospective 🞏  All 🞏  Limited parts 🞏 | | | Notes / explanation | |