

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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record – summary information only – (patients aged 16 or over only)	<input type="checkbox"/>

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	<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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<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"/>

Signature	Date
-----------	------

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Photo ID <input type="checkbox"/> - ref no Passport <input type="checkbox"/> - ref no Photo Driving Licence <input type="checkbox"/> - ref no	
Authorised by (GP)			Date
Reception scan and code this document – 912P			
Level of record access enabled	Appts <input type="checkbox"/>	Notes / explanation	
	Rx <input type="checkbox"/>		
	Med Rec Viewing <input type="checkbox"/>		