# Application for online access to my medical record

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

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

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 | 🞏 |

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

### Please bring photo ID and current (no older than 3 months) utility bill as proof of residence.

|  |  |  |
| --- | --- | --- |
| Name of staff member who accepted the form | | |
| Have you added the code 🞏  Have you Printed out form 🞏  **OR**  Informed patient to collect password from reception next week🞏 | Have you checked the ID OR confirmed that you know the patient 🞏  **Method of consent**  Vouching 🞏  Vouching with information in record 🞏  Photo ID and proof of residence 🞏 | |
| Authorised by | Date | |
| Level of record access enabled  Prospective 🞏  Retrospective 🞏  All 🞏  Limited parts 🞏  Contractual minimum 🞏 | | Notes / explanation  **Add Read code: 912P** |

### For practice use only