Lisson Grove and Woolwell Medical Centre

Please tick one box:

☐ **Application for online access to my medical record
(I do not yet have an account)**

☐ **Application to CHANGE my level of online access to my medical record
(I am already using The Waiting Room)**

Surname	Date of birth
First name	
Address	
	Postcode
Email address (Print Clearly):	
Telephone number	Mobile number

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

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

Your online medical record will include your Summary Care Record (SCR), unless you have previously opted out of having a SCR, your Medications and Vaccinations and your Detailed Coded Record (this includes anything which has been flagged electronically and is a <u>confirmed diagnosis or condition</u>). If you feel something is missing from your electronic record then please advise us a soon as possible.

I confirm that I understand and agree with each statement (tick)
We are unable to process any applications where a patient does not agree to all of the statements below

1. I have read and understood the information leaflet provided by the practice*	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
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	☐
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.	☐

*please pick up a leaflet from the surgery reception or view it online at
http://www.lissongroveandwoolwellmc.co.uk/doitonline.aspx*

Signature:	Date:

For practice use only (For CHANGE of access to existing users, identity verification is not required)

Patient NHS number	Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Authorised by		Date
Level of record access enabled All ☐ Prospective ☐ Retrospective ☐ Detailed coded record ☐ Limited parts ☐	ID Verification Documents / Notes / Confirmation of Vouch:	