**Wyke Regis and Lanehouse Medical Practice**

**Application for online access to my medical records**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First Name | |
| Address | |
| 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 medications |  |

|  |  |
| --- | --- |
| 1. My full online record from 1st April 2020 |  |

**I wish to have access to 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 |

If you would like this letter or information in an alternative format, for example large print or easy read, or if you need help communicating with us, for example because you use British Sign Language, please let us know on 01305 782226

**For practice use only**

|  |  |  |
| --- | --- | --- |
| Patient identity verified by (initials) | Date | Method Photo ID  Proof of residence |
| Authorised by: | Date | Date on-line account created: |
| Level of access to record enabled: Booking appointments Full Access |  | Date password/user name sent: |