



Bridge & Monkseaton Medical Practice

Online Access to Health Records Request - Patient



In accordance with the UK General Data Protection Regulation (UK GDPR)

Guidance notes – please read before completing this form:

If a child aged 11 or over has 'sufficient understanding and intelligence to enable him/her to understand fully what is proposed' (known as Gillick Competence), then s/he will be competent to give consent for him/herself but may wish a parent to countersign as well.

Section 1: Patient details

Title	
First Name	
Surname	
Date of Birth	
NHS Number (if known)	
Contact Number	
Home Address (inc. postcode)	

Section 2: Access requested

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

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records	<input type="checkbox"/>

I wish to access my medical record online and both understand and agree with each of the following statements (tick):

I have read and understood the information leaflet provided by the organisation	<input type="checkbox"/>
I understand that I will automatically see any new information (prospective records) that is added to my healthcare record.	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the organisation as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the organisation as soon as possible	<input type="checkbox"/>
I understand the practice reserves the right to turn off my online access should new medical/safeguarding information arise	<input type="checkbox"/>

Patient Signature		Date	
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Section 3: Proof of identity

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide two forms of identification, one of which must be photographic identification, before access can be set up.

ADDITIONAL NOTES:

Before returning this form, please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirmed your identity by a counter signature

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

For staff use only:

Type of identification seen	1.	2.
Staff member verifying identity		Date

Account already exists – password reset sent via SMS	
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Date account created		Created by		Password sent via	
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