

## EAST PARADE SURGERY

### Application for online access to medical records.

Patients need to be aged 16+ to request access to their online record. Requests need to be made in person and be made with 2 forms of identification:

- Photographic ID e.g. a passport or photo driving license
- Formal document with your current name and address on e.g. a Utilities Bill, Bank Statement or Inland Revenue Letter.

Parents can set up online access to their child's record. Access automatically stops at age 11.

Surname:		Date of birth:
First name:		
Address:		
Postcode:		
Email address:		We will send your Online/Online App login details to your mobile phone. Please keep them safe. If you prefer to collect them from the practice please tick here: <input type="checkbox"/>
Telephone number:		
Mobile number:		

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

1. Booking appointments (available within 48 hours)	<input type="checkbox"/>
2. Requesting repeat prescriptions (available within 48 hours)	<input type="checkbox"/>
3. Accessing my summary Care record (available within 48 hours)	<input type="checkbox"/>
4. Accessing my full online medical record from 1.4.2017 (available within 20 working days)	<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 leaflets 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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.	<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"/>
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.	<input type="checkbox"/>

<b>SIGNATURE</b>	<b>DATE</b>
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#### For practice use only:

Identity verified as per protocol and Initial Access granted:		Date:
Application form passed to DQ team: (Full Online Record Requests only)		Date:
Authorised by: (Full Online Record Requests only)		Date:
Access to Full Online Records granted:		Date: