

Application for online access

Full Name:	Date of birth
Address:	
Postcode	
Email address:	
Telephone number	Mobile number

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	
<p>Access to this information is your right, but we feel you should be aware of the implications – both positive and negative - of such open access.</p> <ul style="list-style-type: none"> All test results will be displayed as presented to us as medical practitioners; as such their interpretation is not always straightforward, in fact sometimes borderline results may cause unnecessary anxiety. We cannot control what information is released in this way, and this may cause you problems in interpreting results accurately. In a situation where adverse news is presented, you may access this information before a GP has had a chance to contact you. Security and confidentiality – we ensure that your information is kept secure and confidential but once on line access is approved; it becomes your responsibility as to whom you allow to access/view your online account. The GP may use medical terminology or abbreviations that are not easy to understand, they also may document reminders to themselves about possible actions to take if the presenting problem does not resolve. The GP can withhold information if they feel it is in your best interest or the information could cause you distress. <p>The information accessible online will be from the date of approval of your application i.e. <u>not historic prior to that date.</u></p>	
Yes, I have read and understand the positives and negatives as stated above and would still like access to my online medical record	<input type="checkbox"/>
No, I do not want access to my online medical records	<input type="checkbox"/>

I understand and agree with each statement (tick)

1. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. 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"/>
4. 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"/>
5. 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"/>

Signature	Date
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FOR PRACTICE USE ONLY

Photographic identification	Driving Licence: <input type="checkbox"/> Passport: <input type="checkbox"/> Other: <input type="checkbox"/> _____
Address identification:	<input type="checkbox"/> Dated in the last 6 months? <input type="checkbox"/>
Identity verified by	
Date account created	
Date passphrase sent	