



Minster Medical Practice Application for online access to my medical record

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	
2. Requesting repeat medications	
3. Accessing my medical record	

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	
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. I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
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	

Signature	Date
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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 Repeat Medication Summary Care Record Coded Entries		Date password/user name sent: