Bearsted Medical Practice

Application for online access to my medical record

		Date of birth	Date of birth	
First name				
Address				
		B ()		
		Postcode		
Email address				
Telephone number		Mobile number		
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		services (please tick all that ap	ppiy):	6
Booking appointments Proposition report propositions				6
Requesting repeat prescriptions Accessing my medical record				6
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	 I have read and understood the information leaflet provided by the practice I will be responsible for the security of the information that I see or download 			6
				6
3. If I choose to share my information with anyone else, this is at my own risk4. If I suspect that my account has been accessed by someone without my				•
agreement, I will contact the practice as soon as possible			ut my	6
5. If I see information in my record that is not about me or is inaccurate, I will			e I will	
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	6. If I think that I may come under pressure to give access to someone else			•
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