# 

**APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

**Section1** Subject to ID Verification you will have immediate access to the following online services:

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| 1. Booking appointments |
| 2. Requesting repeat prescriptions |
| 3. Viewing your demographics & any allergies recorded on your records |

**Section2** If you require online access to other parts of your medical records such as individual consultations or other medical information; your request will need to be verified by a medical practitioner and will take up to 10 working days to process.

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| I wish to have access to view additional details within my online medical record (Please provide details) |  |

I wish to access my medical record online and understand and agree with each statement (tick)

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| --- | --- |
| 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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 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 |  |
| 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. |  |

# \*You must register for access within 24 hours upon receipt of your log-in details.

|  |  |
| --- | --- |
| Signature | Date |

# FOR PRACTICE USE ONLY:

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| --- | --- | --- | --- | --- |
| Patient NHS number | | | Practice computer ID number | |
| Identity verified by (initials) | Date | | Method  Vouching   Vouching with information in record   Photo ID and proof of residence  | |
| Authorised by | | | | Date |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  All   Prospective  Retrospective   Detailed coded record   Limited parts  | | Notes / explanation | | |