

DRAYTON MEDICAL PRACTICE

Application for online access to my medical record

Section A:

First name:	Surname:	Date of birth:
Address:		Postcode:
Email address:		
Telephone number:	Mobile number:	
Do you already have a Patient Access account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you already have an NHS App account?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Which is your preferred contact method?	<input type="checkbox"/> Text message	<input type="checkbox"/> Email
	<input type="checkbox"/> Post	

Section B:

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 (please complete Section C and provide ID* *unless existing user of NHS App where this has already been verified)	<input type="checkbox"/>

Section C: Only required if patient has ticked option 3 in Section B

I wish to access 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	<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"/>

Signature:

Date:

Section D:

**Identification required (only needed if Section C completed and no NHS App account*):
(Driving licence will be sufficient for photo ID and address) otherwise
Photo ID eg Passport AND **Proof of address: bank statement or utility bill

Practice Use Only

Patient NHS No	Practice computer ID number
Identity verified by (initials)	Date
	Method: <input type="checkbox"/> Photo ID – details..... <input type="checkbox"/> Proof of residence – details..... <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record
Date account created	
Level of record access enabled: All <input type="checkbox"/> Limited parts <input type="checkbox"/>	Notes / explanation
Name of Person who authorised	Date