

Application for online access to view summary of my medical record

Service provided for patients aged 16yrs and over

You will need to provide PHOTO ID with this registration form

And already hold or have applied for an online account for services such as appointments, and or ordering of your repeat prescriptions.

Summary access is an extension to online services please read information sheet

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

I wish to access a summary of my medical record online have read and understood the patient information leaflet 'it's your choice' and understand and agree with each statement ticked below

1. I will create a strong password and keep it safe	<input checked="" type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input checked="" type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input checked="" type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input checked="" 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 checked="" type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number		Patient record readcoded	
Identity verified by (initials)	Date	Method Photo ID and proof of residence <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>	
Authorised by			Date