

Pelsall Village Surgery

Application for online access to my medical record

First Name..... Surname.....

Date of Birth..... Email Address.....

Address.....

.....

Home Telephone..... Mobile.....

I wish to have access to the following online services (Please tick all that apply)

1. Booking Appointments
2. Requesting Repeat Prescriptions
3. Limited Access to parts of my medical record

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

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

If I chose to share my information with anyone else, this is at my own risk

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

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.....

Pelsall Village Surgery

FOR PRACTICE USE ONLY

Patient NHS Number EMIS Number.....

Identity Verified by..... Date.....

Method

Vouching

Vouching with information in record

Photo ID and Proof of address

Authorised by..... Date.....

Level of access enabled – Contractual Minimum