**Application for online access to my medical record**

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

**I wish to have access to the following online services (please tick all that apply):**

|  |  |
| --- | --- |
| 1. Managing appointments |  |
| 1. Requesting repeat prescriptions |  |
| 1. \*Viewing my medical record (medication, allergies, immunisations, consultations, documents & test results)   **\*Viewable online medical records are subject to their availability on the electronic clinical system. Viewable online medical records apply prospectively from the date of 29th November 2023, unless specified directly in writing to the practice that retrospective record access is requested. If you are a registered patient after 29th November 2023, medical records are instead viewable from the date of registration and onwards.** |  |

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

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I see, and if able to, download |  |
| 1. If I choose to share my information with anyone else, this is at my own risk |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 1. 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: |

***For practice use only:* TO BE COMPLETED BY RECEPTION**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient NHS number: | | Method (please tick): | |
| Identity verified by  (initials): | Date: |  | Vouching |
|  | Vouching with information in record |
|  | Photo ID and proof of residence |

***For practice use only:* TO BE COMPLETED BY MANAGER**

|  |  |  |
| --- | --- | --- |
| Authorised by: | | Date: |
| Level of record access enabled (please tick): | | Notes/Explanation |
|  | Prospective |
|  | All (Prospective & Retrospective) |
|  | Limited parts |