Manor Medical Practice

Dr M Leahy
Dr J Bendelow
Dr H Bower
Dr J Abushena
Dr D Tragen

Application for online access to my medical record

Surname	Date of birth
First name	
Address Post Code	
Email address	
Telephone number	Mobile Number

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

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

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	☐
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	☐

Signature	Date

For Practice use only

Patient NHS number		
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Date account created		
Date passphrase sent		