## Rowden Surgery SystmOnline Application for Online Access to my Medical Record

Date of birth  Address  Postcode  Home Number  Mobile number  Email address  (PLEASE STATE CLEARLY)  I wish to access my medical record online and understand and agree with each statement (please 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement  5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible  Signature  Date	Name						
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Form taken by Initials Name Date		Initials	Name		Date		
GP Signature Date	GP Signature				Date		
Access Enabled Date	Access Enabled Date				1		
Patient contacted Y/N	Patient contacted Y/N						

## More information

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society: Keeping your online health and social care records safe and secure <a href="http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf">http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf</a>