

Application for Online Access to My Medical Record

Last Name		Date of Birth	
First name (s)			
Address			
Landline Number		Mobile Number	
Email Address			

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

1. Booking Appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

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

Consent to contact – Preferred method:	Mobile <input type="checkbox"/>	email <input type="checkbox"/>	landline <input type="checkbox"/>
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7. I give my permission for the practice to leave messages on my telephone answer machine	<input type="checkbox"/>
8. I give my permission for the practice to contact me via my mobile / SMS text messaging	<input type="checkbox"/>
9. I give my permission for the practice to contact me via my email address	<input type="checkbox"/>

Signature: or on behalf of (relationship)	Date:
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For practice use only

Patient NHS Number		Practice Computer ID Number	
Identity verified by (initials)	Date	Method: <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence	
Authorised by		Date Authorised	
Date account created		Date passphrase sent	
Level of record access enabled <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective		Notes/explanation	