



THE BROW MEDICAL CENTRE

Application for online access to my medical record

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

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 (allergies, medications, immunisations, results)	<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"/>
Consent to contact – Preferred method : mobile <input type="checkbox"/> / email <input type="checkbox"/> / landline <input type="checkbox"/>	
6. I give my permission for the practice to leave messages on my telephone answer machine	<input type="checkbox"/>
7. I give my permission for the practice to contact me via my mobile / SMS text messaging	<input type="checkbox"/>
8. 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
Date account created	
Date passphrase sent	
Level of record access enabled <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum	Notes/explanation