

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

**Please note that by 31/03/2015 you will be offered basic access to your records (medications, allergies and adverse reactions). Extended access will be rolled out in stages from 01/04/2015. You do not need to do anything to obtain extended access, you will be able to view additional items e.g. test results, problems, letters when they become enabled.*

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 that 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"/>

**Please note that this practice is only responsible for the data entered since you registered with us. It is still your right under Data Protection Act 1998 to request any factual amendment, no entry can be removed but your comment will be recorded.*

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method	Photo ID and proof of residence <input type="checkbox"/> Photo ID (existing patients) <input type="checkbox"/>
Date account created			
Level of record access enabled	Contractual minimum <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/>	Notes / explanation	