**Application for online access to my medical record**

**Section 1**

I,………………………………………………….. (Name of patient) wishes to have access to my online medical record. My details are:

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Address  Postcode  |
| Email address |
| Telephone number | Mobile number |

**Section 2**

I wish to have access to:

|  |  |
| --- | --- |
| 1. Online appointments booking
 | 🞏 |
| 1. Online prescription management
 | 🞏 |
| 1. Summary records
 | 🞏 |
| 1. Full detailed records (Requires additional time/checks)
 | 🞏 |

**Section 3**

I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the following statements:

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice and agree that I will treat the my information as confidential
 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement
 | 🞏 |
| 1. If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about me as being strictly confidential
 | 🞏 |

**Declaration**

Please read the below statements and sign in the box if agree and understand all:

I have fully completed my details in section 1

I have indicated in Section 2 which parts I require access to

I have understand my responsibilities as detailed in section 3

|  |  |
| --- | --- |
| Signature of patient | Date |

**For practice use only**

|  |  |
| --- | --- |
| The patient’s NHS number | The patient’s practice computer ID number |
| Identity verified by(initials) | Date | Method of verificationVouching 🞏Vouching with information in record 🞏 Photo ID and proof of residence 🞏 |
| Proxy access authorised by  | Date |
| Date account created  |
| Date passphrase sent  |
| Level of record access enabled  Contractual minimum √Other…………………… | Notes / comments on proxy access |