The Nevells Road Surgery

# Patient Application for Online Access to My Medical Record

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|---|---|
| Surname: | Date of birth: |
| First name: | |
| Address:<br><br>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. | ☐ |
| 2. Requesting repeat prescriptions. | ☐ |
| | ☐ |

I wish to access my medical record online and understand and agree with each statement (tick)

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|---|---|
| I have read and understood the information leaflet provided by the Practice. | ☐ |
| I will be responsible for the security of the information that I see or download. | ☐ |
| If I choose to share my information with anyone else, this is at my own risk. | ☐ |
| If I suspect that my account has been accessed by someone without my agreement I will contact the Practice as soon as possible. | ☐ |
| If I see information in my record that is not about me or is inaccurate I will contact the Practice as soon as possible. | ☐ |
| 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. | ☐ |

| | |
|---|---|
| Signature: | |

**For Practice use only**

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|---|---|---|---|
| Patient NHS number: | | Practice computer ID number: | |
| Identity verified by (initials): | Date: | Method:<br>Vouching ☐<br>Vouching with information in record ☐<br>Photo ID and proof of residence ☐ | |
| Authorised by: | | Date: | |
| Date account created: | | | |
| Date login details provided: | | | |
| Level of record access enabled:<br>All ☐<br>Prospective ☐<br>Retrospective ☐<br>Detailed coded record ☐<br>Limited parts ☐ | | Notes / explanation: | |