

## Application for online access to my medical record- Existing Patients

A higher standard of documentation is needed for online registration. You will need two forms of documentation, one of which must contain a photo. Acceptable documents include passports, photo driving licences and bank statements, but not bills.

If you do not have these documents, vouching may be possible from a senior member of staff.

Please note that full access to your medical record may not yet be enabled by the surgery.

<b>Surname:</b>	<b>Date of birth:</b>
<b>First name:</b>	
<b>Address:</b>	
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 Summary Care Record (SCR)	<input type="checkbox"/>

### I wish to access my medical record online and understand and agree with each statement (please tick all that apply):

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"/>
Signature	Date

### For practice use only

RECEPTION DEPARTMENT		
<b>Identity verified/authorised by (Sign):</b>	<b>Date</b>	<b>Method</b> <span style="float: right;">Vouching <input type="checkbox"/></span> <span style="float: right;">Vouching with information in record <input type="checkbox"/></span> ID provided <input type="checkbox"/> _____ (give details) _____
Patient NHS number: <NHS number>		Date passphrase sent/given:
Level of record access enabled: <span style="margin-left: 40px;">Booking appointments <input type="checkbox"/></span> <span style="margin-left: 40px;">Requesting repeat prescriptions <input type="checkbox"/></span> <span style="margin-left: 40px;">SCR <input type="checkbox"/></span>		Notes/explanation:

**Please note:** If you wish to have access to your Detailed Coded Access please ask a member of reception for a request/consent form. There is a waiting list for this functionality due to the high workload required in checking and enabling coded record access. Access cannot be granted until your medical record has been received from your previously surgery and summarised, which currently takes in excess of 8 weeks. Full record access is not available at this surgery.