**Topsham Surgery**

**Patient Application for Online Access to My Medical Record**

|  |  |
| --- | --- |
| Surname: | DOB: |
| First Name: | |
| Address: | |
| Email Address: \* | |
| Telephone Number: | Mobile Number: |

\*NB including your email address gives us consent to use it. See Patient Privacy Notice.

**I wish to have access to the following Online Services (please tick all that apply):**

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 1. Requesting repeat prescriptions |  |
| 1. Accessing my summary medical record |  |

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

|  |  |
| --- | --- |
| 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** | **Date** |

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**For Practice use only:**

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