APPLICATION FOR ONLINE ACCESS TO MEDICAL RECORD - Over 13 year olds

You can now view your GP medical record online to look at limited details of consultations and medical history, including current and past medication, as well as make routine appointments and request repeat prescriptions.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information about you (provided below) to set up and operate the service.

The following form will take you through the things you need to think about. By signing the form you will be giving us your permission to go ahead with setting up the service for you. Please complete & sign the form and bring to reception with photo ID. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

Declaration
I have read and understood the online information leaflet Keeping your online health and social care records safe and secure* and agree:

1	To my GP practice giving me access to my record online.	☐
2	To use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	☐
3	If I see information in my record that is not about me or is inaccurate, I will immediately log out and contact the practice as soon as possible.	☐
4	It is my responsibility to keep secure my username and passwords. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for the security of the information that I see or download.	☐
5	I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.	☐
8	I understand that as before, I will be informed directly, by the practice, of any test results which require further action, but that I may see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me.	☐
9	I understand that the information may not be a complete record and I should not rely on it for insurance purposes.	☐

I wish to have access to the following online services (please tick all that apply):

1	Online appointment booking	☐
2	Repeat prescription requests	☐
3	Access to my detailed coded medical record	☐

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CareQuality Commission

Surname:	

Surname:	
First Name:	
Date of Birth:	
Address: Postcode:	
Email:	
Telephone No.:	
Mobile No.:	

PLEASE NOTE: An individual email address is required per account. Duplicate addresses will not be accepted.

Patient Signature:	Date:

For practice use only

Patient NHS No.:	Patient EMIS No.:	
Identification seen by: (name of staff member)		
Photo ID seen:	Proof of address seen:	
Name of authorizing GP:	Date:	
Account set up by:	Date:	
Password emailed / paper copy given to patient		

For GP use only

Level of record access enabled:		Comments:
Test Results	☐	
Detail coded consultations	☐	

* http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf