St Paul's Cottage Surgery

Application for online access to my medical record

Surname	Date of birth
First name	
Address	
	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	☐
3. Accessing my medical record	☐

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

1. I have read and understood the information leaflet, provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
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	☐
6. 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	☐

Please note that this practice is only responsible for the data entered since you registered with us. It is still your right under DPA 1998 to request any factual amendment, no entry can be removed but your comment will be

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 passphrase sent			
Date record access enabled			

Level of record access enabled	Notes / explanation
No record access ▢	
Core summary (medications and allergies) ▢	
Detailed coded records access ▢ Specify below	
Read coded data Free text Timeframe	
Immunisations ▢ n/a	
Lab test results ▢ Y▢ N ▢	
Problems ▢ Y▢ N ▢	
Consultations ▢ Y▢ N ▢ Prospective ▢Retrospective▢	
Documents ▢ Prospective ▢Retrospective ▢	