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***Application for online access to my medical record***

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| --- | --- |
| Surname:  | First Name(s):  |
| DOB:  | Address: Postcode:  |
| Telephone Number:  | Mobile Number: |
| Email Address:  |
| I consent to the practice using my mobile telephone number and/or email address to contact me  |

A statutory requirement of online access is that you must supply us with proof of identity. Please see overleaf for a list suitable documents.

**I wish to have access to the following online services (please tick):**

|  |  |
| --- | --- |
| Level 1 & 2 Access – Booking appointments and requesting repeat prescriptions / Accessing my online coded medical record ***\*\**** |  |

***\*\**** *Once the Data Controller has all the relevant information, your request should be fulfilled within 28 days. (In exceptional circumstances where it is not possible to comply within this period you will be informed of the delay and given a timescale for when your request is likely to be met.)*

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

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I see or download |  |
| 2. If I choose to share my information with anyone else, this is at my own risk |  |
| 3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 4. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |
| 5. 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.  |  |
| 6. I consent for the practice to contact me using either my email or mobile number. |  |

|  |  |
| --- | --- |
| **Signature:**  | **Date:**  |

# For practice use only:

|  |  |
| --- | --- |
| Usual GP authorisation – (usual GP signature): | Date: |
| Level of record access enabled:Level 1 – Booking appointments and requesting repeat medication  Level 2 – Online medical records  |  Entries reviewed by: (for Level 2 access only) Readcode XaE42 added  |
| Account created by: | Date: |

**Identification documents: (Practice use only)**

|  |  |  |  |
| --- | --- | --- | --- |
| Driving License | Number:  | Date of issue:  | Date of expiry: |
| Passport  | Number: | Date of issue:  |
| Bank Statement  | Bank Name: | Date of issue: |
| Utility Bill | At the discretion of managementSigned:  |
| Form taken in by: (Receptionist) Please remember to photocopy photo ID and include with the form: |