

Application for online access to my medical record and repeat prescriptions

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 <input type="checkbox"/>	

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, requesting repeat prescriptions and accessing my online medical record **	<input type="checkbox"/>
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*** Once the Data Controllers 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	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
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	<input type="checkbox"/>
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.	<input type="checkbox"/>
6. I consent for the practice to contact me using either my email or mobile number.	<input type="checkbox"/>

Signature:	Date:
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For practice use only:

Usual GP signature:	Date:
Level of record access enabled: Level 1 – Booking appointments and requesting repeat medication & Level 2 – Online medical records <input type="checkbox"/>	Readcode XaE42 added <input type="checkbox"/>
Account created by:	Date:

Identification documents: (Practice use only) Please insure this is completed

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 Management: Signed:		
Form taken in by: (Receptionist)			