The Grange Medical Centre

# Application for online access to my medical record

For Patients over the age of 16 only

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address: | |
| Email address | |
| Tel: | Mobile: |

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

|  |  |
| --- | --- |
| 1. Booking appointments | ❑ |
| 1. Requesting repeat prescriptions | ❑ |
| 1. Limited access to parts of my medical record detailed access | ❑ |

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 | | ❑ |
| 1. I will be responsible for the security of the information that I see or download | | ❑ |
| 1. If I choose to share my information with anyone else, this is at my own risk | | ❑ |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | | ❑ |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | | ❑ |
| Signature: | Date: | |

### 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 |
| Level of record access enabled  Contractual minimum 🗹  Other: ……………………………….… | | | Notes / explanation | |