

HEADCORN 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	

Signature	Date
-----------	------

For practice use only – please complete details below and over the page

Patient NHS number:	Practice computer ID number:
Name of allocated GP:	*Patient present: Y / N

To be scanned on to patient's record



For practice use only

Patient ID seen	Type of ID	Staff initials	Date
Photo ID:/...../.....
Proof of address/...../.....

Checklist: (to be completed when registration processed)

Tick

*#91B code added (free text type of ID seen and verified)

only use if patient present at time ID seen

*#91Z code added (free text that ID NOT verified as yet)

only use when patient is NOT present

#9NN60 code added (free text allocated GP name)

#67DJ code added (pt informed of GP)

Practice Manager to complete:

Authorised by:	
Date:	
Date account created:	
Date passphrase sent:	
Level of record access enabled: <div style="text-align: right;"> All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detail coded record <input type="checkbox"/> Limited parts <input type="checkbox"/> </div>	Notes/explanation

To be scanned on to patient's record