



Mayfield Medical Centre



Application for online access to my medical record

SURNAME		Date of Birth	
FIRST NAME			
MIDDLE NAMES			
ADDRESS			
POST CODE			
EMAIL ADDRESS	Be very clear for us and clearly show a full stop or an underscore etc		
TELEPHONE NUMBER (Incl STD Code)		MOBILE NUMBER	

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

1. BOOKING APPOINTMENTS	<input type="checkbox"/>
2. REQUESTING MEDICAL PRESCRIPTIONS (REPEATS)	<input type="checkbox"/>
3. ACCESSING MY MEDICAL RECORD	<input type="checkbox"/>

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	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
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	<input type="checkbox"/>
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.	<input type="checkbox"/>

SIGNATURE		DATE	
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		Vouching <input type="checkbox"/> Vouching with information in the record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by On line prescriptions and appointments access can be signed off by the Head Receptionist All requests for access to the medical record to be signed off by the Practice Manager. ALL FORMS TO BE RETAINED FOR AUDIT PURPOSES			Date
Date account created			
Date passphrase sent			
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>	Notes / explanations		