

The Paddock Surgery

Application for online access to my medical record

Please submit this form in person along with 2 forms of identity unless you are already known to a member of our reception staff. One of the forms of identity must contain a photo and another, your address. If you are unable to provide this identification please let us know when you call at the surgery – we will do our best to help.

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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<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 and will use the system in a responsible manner	<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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<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"/>

Signature	Date
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For practice use only

Patient NHS number:.....	
EMIS number:.....	
Identity verified by:	Method of identification:
Staff signature	Vouching <input type="checkbox"/>
Staff name.....	Vouching with information in record <input type="checkbox"/>
Date.....	Photo ID and proof of residence <input type="checkbox"/>
Password printed and handed to patient against photo ID by.....	
Date	
Practice Manager sign off..... Date.....	
Notes / explanation	