

## Online Medical Records Access: Adult Registration Form

<b>Surname</b>	<b>First Name</b>
<b>Date of Birth</b>	
<b>Address</b>	<b>Post Code</b>
<b>Email Address</b>	
<b>Telephone Number</b>	<b>Mobile Number</b>
<i>I wish to have access to the following online services (please tick all that apply):</i>	
<b>1. Booking Appointments</b>	<input type="checkbox"/>
<b>2. Requesting Repeat Prescriptions</b>	<input type="checkbox"/>
<b>3. Accessing my Medical Record</b>	<input type="checkbox"/>
<i>I wish to access my medical record online and understand and agree with each statement (tick)</i>	
<b>1. I will be responsible for the security of the information that I see or download</b>	<input type="checkbox"/>
<b>2. If I choose to share my information with anyone else, this is at my own risk</b>	<input type="checkbox"/>
<b>3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible</b>	<input type="checkbox"/>
<b>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</b>	<input type="checkbox"/>
<b>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.</b>	<input type="checkbox"/>
<b>Signature:</b>	<b>Date:</b>

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<b>Patient NHS number</b>			
<b>Identity verified by (Initials only)</b>	<b>Method Used</b>	<b>1. Vouching</b> <b>2. Vouching with information in record</b> <b>3. Photo ID and proof of residence</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Documentary evidence provided:</b>			
<b>Authorised by</b>		<b>Date</b>	
<b>Date account created:</b>			
<b>Date login credentials emailed/given:</b>			
<b>Level of record access enabled:</b>  1. Detailed coded report <input type="checkbox"/>  2. All prospective <input type="checkbox"/>  3. All retrospective <input type="checkbox"/>  4. Other limited parts <input type="checkbox"/>		<b>Notes / explanation</b>	
<b>Date clinical assurance completed</b>		<b>Assured by (initials only)</b>	
<b>Reason for refusal if record access is refused after clinical assurance:</b>			