

TUDOR WAY SURGERY 42 TUDOR WAY, BR5 1LH

WHERE POSSIBLE WE WILL AUTOMATICALLY SIGN YOU UP FOR ON-LINE ACCESS

IF YOU HAVE PROVIDED US WITH AN EMAIL ADDRESS

Application for online access to my medical record

Surname:	Date of Birth:
First Name:	
Email Address:	
Telephone Number:	Mobile Number:
As default you will be given access to Demographics, Appointments and Repeat Prescriptions. For Medical Records our practice will give access from the date requested. However, if you need historical access please specify from which date here:	

I wish to have access to 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 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:

For Practice use only

Patients NHS Number:	Practice ID number:
Identity Verified by:	Date:
Method: Vouching – Vouching with information in record – Photo ID and proof of residence	
Authorised by:	Date:
Date account created:	Date passphrase sent:
Level of record access enabled: All - Prospective - Retrospective - Detailed Coded Record - Limited Parts	

