# Bredon Hill Surgery Patient On-line (printed from website)

**Application for on-line access to my medical record**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Address Postcode |
| Email address |
| Telephone number | Mobile number |

Do you currently use the following (tick):-

|  |  |
| --- | --- |
| 1. On-line booking for appointments YES | NO |
| 2. On-line request for repeat medication YES | NO |
| 3. Have you previously been able to access any part of your medical YES records on-line.  |  NO |

 **\*PLEASE REMEMBER TO BRING IN PHOTO IDENTIFICATION E.G. PASSPORT OR DRIVING LICENCE\***

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflets 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 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 |  |
| SignatureDate |  |

#  For practice use only – (to be completed by reception)

|  |  |
| --- | --- |
| Patient NHS number | Practice computer ID number |
| Identity verified by (initials) | Date | MethodVouching Vouching with information in record Photo ID and proof of residence  |
|  |
| Authorised by GP Sig…………………………………….. | Date …………………….. |
| Level of record access enabled.✓ Contractual Minimum (allergies & medication only)Limited Parts - ✓ Lab results ✓ Display free text Date - show records from ………………….. ✓ Documents ✓ Only show documents Date - show records from ………………….. ✓ Display free text Date - show records from …………………..  ✓ Immunisations ✓ Problems titles Display free text Date from (retrospective)………………….. ✓ Consultations ✓ Only show consultations Date - show records from ………………….. Display free text Date - show records from ………………….. |   |

|  |  |
| --- | --- |
| **Patient record access enabled** **Added to patient EMIS records by …………………………………****Patient Notified**  | **Date………………** |

 21ST APRIL 2020