# 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 |  |
| Signature  Date |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | | |
| Identity verified by (initials) | Date | Method  Vouching   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