**On-line Services Request Form**

I wish to have access to the following online services (please tick all that apply): -

|  |  |
| --- | --- |
|  | Booking appointments |
|  | Requesting repeat prescriptions |
|  | Accessing my medical record |
|  | Detailed Coded Record |

|  |  |  |  |
| --- | --- | --- | --- |
| **First name:** |  | **Surname:** |  |
| **Address:** |  | **Postcode:** |  |
|  | **DOB:** |  |
| **Email address:** |  |
| **Tel no:** |  |  |  |

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

|  |  |
| --- | --- |
|  | I have read and understood the information leaflet provided by the Practice |
|  | I will be responsible for the security of the information that I see or download |
|  | If I choose to share my information with anyone else, this is at my own risk |
|  | I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |
|  | If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible |

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| --- |
| I agree that I may be contacted regarding advice about my health and/or appointment reminders, via the following methods: - Letter Telephone TextIf you require letters or information in an alternative format, for example large print or easy read or if you need help with us, because you use BSL, please let us know.  |

|  |  |
| --- | --- |
| Signature | Date |

# For Practice use only

|  |  |
| --- | --- |
| 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 | Date |
| Level of record access enabledAll  Prospective  Retrospective Detailed  Limited parts  Contractual minimum  | Notes/explanation |

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| --- |
| Before you apply for online access to your record, there are some other things to consider.Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details. |
| Things to consider |
| Forgotten history There may be something you have forgotten about in your record that you might find upsetting.  |
| Abnormal results or bad news If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your Doctor or while the Practice is closed and you cannot contact them.  |
| Choosing to share your information with someone It’s up to you whether you share your information with others – perhaps family members or carers. It’s your choice, but also your responsibility to keep the information safe and secure.  |
| Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time. |
| Misunderstood information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.  |
| Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the Practice as soon as possible. |