**St Mary Street Surgery**

**Patient Application for Online Access to Medical Records**

\*For Patients aged 16 years and over

|  |  |
| --- | --- |
| Full Name | Date of Birth |
| Address  Postcode | |
| Email Address | |
| Telephone Number | Mobile Number |

**I wish to have access to the following Core Summary Care Record settings (please tick)**

|  |  |  |
| --- | --- | --- |
| 1. | Booking GP Appointments |  |
| 2. | Requesting Repeat Prescriptions (you cannot request acute or past medication) |  |
| 3. | Allergies |  |

**I wish to have additional access to the following Care Record settings (please tick)**

\* Please note restricted view is in place

|  |  |  |
| --- | --- | --- |
| 1. | Laboratory Results |  |
| 2. | Documents |  |
| 3. | Immunisations |  |
| 4. | Problems |  |
| 5. | Consultations |  |

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

|  |  |  |
| --- | --- | --- |
| 1. | I have read and understood the Patient Information leaflet 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, including my user log in details with anyone else, this is at my own risk.  **In this instance, you may wish to consider a formal proxy access arrangement as a preferred option. Sharing log in details will mean that there will be no audit trail of access to your record by the unofficial proxy user. They will have the same access as you and the only way to restrict access again will be to close down the account and start the process over with new log in details.** |  |
| 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Patient NHS number | | | | EMIS number | | |
| Identity verified by  (initials) | Date | Method | Vouching  Vouching against information in patient’s medical record  Photo ID | | |  |
| Authorised by | | | | | Date | |
| Date account created | | | | | | |

*Y/admin/templates/reception/Application­ for online access*