

RYE MEDICAL CENTRE

Application for online access to my medical record

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

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

1 Booking appointments	<input type="checkbox"/>
2 Requesting repeat prescriptions	<input type="checkbox"/>
3 View Summary Information (Medications, Allergies, Vaccinations)	<input type="checkbox"/>
4 View detailed information	<input type="checkbox"/>

I wish to access 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"/>
5 I understand I may read some information that could be unexpected or upsetting	<input type="checkbox"/>
6 If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
7 I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
8 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"/>

Signature	Date
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For practice use only

NB MUST VERIFY PATIENT BEFORE PASSING TO CODERS FOR DETAILED ACCESS

Patient NHS number		Emis number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Level of record access enabled: Contractual minimum (meds, allergies & imms): <input type="checkbox"/>		Notes / explanation	
Date account created			
Date passphrase given			
<i>For detailed access</i>			
Passed to Coders/Practice Manager		Date:	
Coded: 9348		Date:	
Passed to GP		Date:	
GP to complete Detailed NOT FREE TEXT as above with: <input type="checkbox"/> Test results <input type="checkbox"/> Problems <input type="checkbox"/> Documents from date: Default 01.01.2011 <input type="checkbox"/> Consultations from date: Default 01.01.2011 Other:			
GP Sign		Date:	
Coders/Practice Manager Checked and coded		Date:	
PN sent to reception		Date:	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Date account created and password given			