

Oak Vale 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 circle Y or N):

1. Booking nurse appointments and telephone consultations for a doctor	Y / N
2. Requesting repeat prescriptions	Y / N
3. Accessing my medical record. This will allow you to access your test results, problems, consultations, immunisations and allergies. Are you happy to consent to this?	Y / N

I wish to access my medical record online and understand and agree with each statement (Y/N):

1. I agree to read the information leaflet provided by the practice	Y / N
2. I will be responsible for the security of the information that I see or download	Y / N
3. If I choose to share my information with anyone else, this is at my own risk	Y / N
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	Y / N
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	Y / N
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	Y / N
7. Access to patient records to make appointments, order medication and view coded data may take 28 days to review the application and may take longer for complex patients and will be subject to correct, up to date ID documentation being shown i.e. photo ID, utility bill less than 3 months old or verification following robust security questions. Where this is not possible, please speak to reception.	Y / N
8. If at any time I decide to cancel my access, I will contact my surgery immediately.	Y / N
Signature:	Date:

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by Doctor (Name)			Date
Date account created			
Date passphrase sent			
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/>		Notes / explanation	