

T41C Application for online access to my medical record

Patient Surname:		Patient Date of birth:	
Patient First name:			
Patient Address:			
Patient Email address:			
Patient Telephone number:		Patient Mobile Number:	
I am the Patient <small>(Circle as appropriate)</small>	YES/NO	Relationship to patient?	
I have provided proof of my Identity. <small>(Two documents, one of which MUST show current address & one form of photographic I.D. a non-exhaustive list is shown on page 2 bills are not suitable forms of I.D unless they are utility bills issued in the last 3 months)</small>		I have been asked to act by the patient, and attach the patient's written authorization. <small>(Circle as appropriate).</small>	
YES/NO		YES/NO	

I wish to have access to the following online services (please tick any that apply to you).

Appointments Access (Booking/cancellation).	<input type="checkbox"/>
Repeat prescriptions Access (Requesting/history).	<input type="checkbox"/>
Core Summary Care Record Access (Allergies & Medications).	<input type="checkbox"/>

Detailed Coded Record Access (Allergies, medications, laboratory results, documents, immunisation's & problems). <small>Please note that if you are a <u>newly</u> registered patient at the practice, and have requested "Detailed Coded Record Access" access, this may be delayed by up to 6 months in order for us to receive your medical records from your previous surgery, however "Core" access will be granted in the meantime.</small>	<input type="checkbox"/>
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I wish to access my medical record online and understand and agree with each statement (tick).

1. I have received/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"/>
3. If I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Signature:	Date:

For practice use only.

Patient NHS number:		Practice computer I.D. number:	
<i>Identity verified by: (Initials)</i>	<i>Date:</i>	<i>Method (Suitable forms of I.D.as set out in "Application for Access to Medical Records")</i>	
Authorised by:			Date:
Date account created:			
Date passphrase sent:			
Level of record access enabled		Notes /explanation (Insert I.D. number from Passport, Driving license etc.)	
ALL(Available at Date).	<input type="checkbox"/>		
Prospective.	<input type="checkbox"/>		
Retrospective.	<input type="checkbox"/>		
Detailed coded record.	<input type="checkbox"/>		
Limited parts.	<input type="checkbox"/>		

Examples of Proof of Address

Please provide **two documents** from the following list, one of which **must** show the current address of the patient & one form of **photographic** identification for the patient requesting access to their medical record:

- Current driving license – old-style paper version.
- Mortgage statement – issued in the last 12 months.
- UK Bank or building society statement or credit card statement issued in the last 3 months.
- UK Bank or building society account opening confirmation letter issued in the last 12 months.
- UK Financial statement, e.g. pension or endowment issued in the last 12 months.
- Birth certificate.
- P45 or P60 statement issued in the last 12 months.
- Council Tax statement Issued in last 12 months.
- Utility bill (not mobile phone bill) issued in the last 3 months (Gas, Electricity etc.).
- Benefit statement, e.g. Child Benefit, Pension issued in the last 3 months.
- Central or local government, government agency, or local council document giving entitlement, e.g. from the Department for Work and Pensions, the Employment Service, HMRC issued in the last 3 months.

PHOTO I.D.

- Passport.
- Driving License (Photo card type).
- EEA/EU Government Issued Identity Card.
- UK Biometric Residence Permit.
- NHS Staff Card Containing a biometric.
- Armed Forces I.D. Card.

VOUCHING

- Staff &/or G.P. vouching.

Please note:

Patients must have their own individual e mail address to use this service, & children over 12 years old need to arrange an appointment so a Dr. can assess competency to use this service.