**Hobs Moat Medical Centre**

**Application for online access to my medical record**

# No applications for patient under the age of 18

|  |  |
| --- | --- |
| 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  |   |
| 2. Requesting repeat prescriptions  |   |
| 3. Accessing my medical record  |   |

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  |   |
| 2. I will be responsible for the security of the information that I see or download  |   |
| 3. If I choose to share my information with anyone else, this is at my own risk  |   |
| 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  | Verification document – CAN ONLY BE PASSPORT OR PHOTO DRIVING LICENCE AND A BANK/BUILDING SOCIETY STATEMENT WITH ADDRESS  |
| Identity verified by (initials)  | Date  | Method Vouching  Vouching with information in record   Photo ID and proof of residence   |
| Authorised by  | Date  |
| Date account created  |
| Date passphrase sent  |
| Level of record access enabled- read code added, use template on system   | NO UNDER 18’S REMEMBER!!!  |

 v4 4 February 2015