**THE CROWN MEDICAL CENTRE**

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

|  |  |
| --- | --- |
| **Surname** | **Forename** |
| **Date of birth**  |
| **Address****Postcode** |
| **Email address** |
| **Telephone number** | **Mobile number** |

**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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 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 |  |
| 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.  |  |
| **Signature****Date** |  |

# For practice use only

|  |  |
| --- | --- |
| Patient NHS number | Practice computer ID number |
| Identity verified by (initials) | Date | MethodPhoto ID and proof of residence Children (See Policy)  |
| Authorised by (GP for Medical Record Access) | Date |
| Date Notes Reviewed by GP  |
| Date Form Scanned onto notes  |
| Date account created and enabled appointmentsrepeat  medical record prescriptions |
| Level of record access enabledAll  Prospective  Retrospective  Detailed coded record  Limited parts   | Notes / explanation |

**Notes to be reviewed within 21 days of receipt**

Version 1 June 2016