**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 | | Method  Photo 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 enabled  All   Prospective  Retrospective   Detailed coded record   Limited parts  | | Notes / explanation | | |

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

Version 1 June 2016