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| Marden Medical Practice |

**Patient Access to GP Online Services**

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| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Date of birth |  | | |
| Address |  | | |
| Postcode |  | | |
| Email address |  | | |
| Telephone number |  | Mobile number |  |

I wish to have access to the following online services (tick all that apply):

|  |  |
| --- | --- |
| Booking appointments | 🞏 |
| Requesting repeat prescriptions | 🞏 |
| Accessing my medical record | 🞏 |

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

I wish to access my medical record online and understand and agree with each statement (please tick)

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice | 🞏 |
| I will be responsible for the security of the information that I see or download | 🞏 |
| If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| If I see information in my record that it not about me, or is inaccurate I will contact the practice as soon as possible | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

**For practice use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Photo ID 🞏  Proof of residence 🞏 | | Name of verifier | | Date |
| Name of person who authorised (if applicable) |  | | Date | | |
| NHS number |  | Practice computer ID number | |  | |
| Date account created |  | | | | |
| Date passphrase sent |  | | | | |
| Level of record access enabled | Prospective 🞏  Retrospective 🞏  All 🞏  Limited parts 🞏  Contractual minimum 🞏 | | | | |