

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

**If you are requesting access to someone else record i.e. child. Please fill out the proxy application form**

Surname:	DOB:
First Name:	Title:
Address:	
Email:	
Telephone/Mobile Phone:	

**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 Summary Care Record	
4. Accessing my Detailed Coded Record (over 18s only) Please note: There is a waiting list for this functionality due to the high workload required in checking and enabling coded record access. Full records access is not available at this surgery.	

**I wish to access my medical record online and understand and agree with each statement please 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 chose 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:
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**For practice use only**

RECEPTION DEPARTMENT			
ID verified by (initials):	Date:	ID provided (give details)	
Patient NHS number:		Date passphrase sent:	
		<b>Detailed Coded Record can only be granted via the Practice Manager</b>	
<b>Level of record access enabled:</b> Booking appointments <input type="checkbox"/> Requesting repeat prescriptions <input type="checkbox"/> SCR <input type="checkbox"/>		<b>Level of record access enabled:</b> Detailed Coded Record <input type="checkbox"/>	
Authorised by:	Date:	Authorised by:	Date: