



# PATIENT ACCESS APPLICATION FORM

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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

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	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
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	<input type="checkbox"/>
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.	<input type="checkbox"/>

Patient Signature	Date
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## FOR PRACTICE USE ONLY

Patient EMIS Number	
Identity verified by (initials)	Date
Method	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by	Date
Date account created:	
Date account details sent to patient if applicable:	
Level of record access enabled	Notes / explanation
<input type="checkbox"/> Full Access (appointments, prescriptions, records) <input type="checkbox"/> Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/> Medical Records <input type="checkbox"/> Records from today's date <input type="checkbox"/> Records from Retrospective date <input type="checkbox"/> Records Limited Parts <input type="checkbox"/> Medication & Allergies ONLY	