

Lapworth Surgery

Application for online access to medical record

For patients aged 16 years and over

Surname	Date of birth
First name	
Address	
Postcode	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. <i>Accessing my medical record</i>	<input type="checkbox"/>

I wish to *access my medical record online* and understand and agree with each statement (tick)
(Access to medical records can take up to 21 days to authorise)

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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<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"/>

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method: Photo ID and proof of residence <input type="checkbox"/> Details: Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>	

Access to Medical Record	
Authorised by:	Date:

Lapworth Surgery

Level of record access enabled	Notes / explanation
Limited parts (medications, allergies, immunisations) <input type="checkbox"/>	
Contractual minimum (medications, allergies) <input type="checkbox"/>	