

Application for online access to my medical record

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

1. I have read and understood the information provided by the Practice about Patient Online Services via the NHS App	<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 it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Please list ID seen	Passport <input type="checkbox"/> Driving Licence <input type="checkbox"/> Bank Statement <input type="checkbox"/> Other* ...please state <input type="checkbox"/> *This identity must be from the government approved list of acceptable identity evidence.		
Authorised person			
Date account created			
Date passphrase sent			
Level of access enabled Appointment Booking <input type="checkbox"/> Medication ordering <input type="checkbox"/> Prospective Record Access <input type="checkbox"/>	Notes/explanation		
Added to spreadsheet: Date: Name:			

Updated March 2024