



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

|   |                          |
|---|--------------------------|
| 1. I will be responsible for the security of the information that I see or download   | <input type="checkbox"/> |
| 2. If I choose to share my information with anyone else, this is at my own risk   | <input type="checkbox"/> |
| 3. 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"/> |
| 4. 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 |  |
|-----------|--|------|--|

**For practice use only**

|   |   |                   |      |
|---|---|-------------------|------|
| Identity verified through (tick all that apply)   | Vouching <input type="checkbox"/><br>Vouching with information in record <input type="checkbox"/><br>Photo ID <input type="checkbox"/><br>Proof of residence <input type="checkbox"/>   | Name of verifier  | Date |
| Please list ID seen   | Passport <input type="checkbox"/><br>Driving Licence <input type="checkbox"/><br>Bank Statement <input type="checkbox"/><br>Other*...please state <input type="checkbox"/><br>*This identity must be from the government approved list of acceptable identity evidence. |                   |      |
| Date request sent to GP   |   |                   |      |
| Level of access authorised by GP<br>Everything requested by the patient <input type="checkbox"/><br>An alternative agreed level between patient and GP <input type="checkbox"/> |   | Notes/explanation |      |
| Date Authorised by GP:  |   |                   |      |
| Added to spreadsheet:<br><br>Date:<br>Name:   |   |                   |      |

Updated March 2024