South Axholme Practice

Application for online access to my medical record

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	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

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	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose 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	☐
6. That my access to online booking will be revoked should I not attend an appointment booked online having not informed the practice prior to the appointment of my non attendance.	☐

Signature	Date

Please note: If you are a patient that is newly registering with the practice online access cannot be approved until we have received your medical records from your previous practice and these have been summarized.

For practice use only

Patient NHS number		EMIS number	
Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐	
Authorised by (GP)		Date	
Level of record access to be enabled All ☐ Prospective ☐ Retrospective ☐ Detailed ☐ Limited parts ☐ Contractual minimum ☐		Notes / explanation	
Account created by (reception staff member)		Date	