

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

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

<p>I understand and agree with the statements given above by ticking this box. If this box is not ticked I acknowledge that it will not be possible to grant me online access of any kind.</p>	<input style="width: 100%; height: 100%;" type="checkbox"/>
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SIGNED:	DATE:
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Parents: we do allow you to register for online access on behalf of your children up to the age of 12. At 12 online access is reset and only the named patient can activate it again.