

Highgate Medical Centre

Application for Online Access to my Medical Record (For patients applying for a new online account)

Instructions:

Please complete the fields below and present it to reception along with 2 forms of ID (photo ID and proof of residence).

Approval Process:

Applications for this service may take up to 28 days subject to approval by a GP. However the surgery has the right to refuse an application based on the best interests of the patient.

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 (Available Immediately)	<input type="checkbox"/>
2. Requesting repeat prescriptions (Available Immediately)	<input type="checkbox"/>
3. Accessing my medical record (Available after the 28 days approval process)	<input type="checkbox"/>

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	<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
------------------	-------------

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Level of record access enabled Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>		Notes / explanation	
Code added to patient record:		Approved (9lw) <input type="checkbox"/>	Declined (9lx) <input type="checkbox"/>
Clinical Record checked by Dr _____		Date: _____	
Administration fields checked by _____		Date: _____	