

The Crescent Surgery

NHS Beacon in Primary Care

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. Limited access to parts of my detailed coded medical record | <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"/> |
| Authorised by | | Date | |
| Date account created | | | |
| Date passphrase sent | | | |
| Level of record access enabled | | Notes / explanation | |
| Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/> | | | |