

North Road Suite

■ RAVENSTHORPE HEALTH CENTRE ■

Application for Access to Online Services & to my Medical Records

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"/>

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 The Practice recommends that you only do this by granting Proxy access to your account and this is done by requesting this at the Practice – ask our team for details.	<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: Print full name:	Date
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For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Photo ID and proof of residence <input type="checkbox"/> <i>(All NRS REGISTRATIONS REQUIRE THE ABOVE) VOUCHING WILL ONLY BE USED IN VERY LIMITED CIRCUMSTANCES THIS IS FOR THE PATIENT AND PRACTICE PROTECTION)</i> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>	
Authorised by		Date	
Date account created			
Date password/login details given			
Level of record access enabled		Notes / explanation	
Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> (appointment booking only) Contractual minimum <input type="checkbox"/>			

THIS DOCUMENT NEEDS TO BE SCANNED TO THE PATIENT RECORD AND THEN FILLED IN THE ONLINE A TO Z REGISTRATION FORM FILE.