

Cranfield & Marston Surgery

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):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Accessing my summary medical record	<input type="checkbox"/>
Accessing my detailed coded record	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick)

I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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"/>

You will be asked to provide two forms of identity, one photo ID and one proof of your address.

Signature	Date
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For practice use only

Patient NHS 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"/>
		ID: Driving licence <input type="checkbox"/>	Passport <input type="checkbox"/>
		Bank statement <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"/>		