

Application for Online Access to my Summary Care 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 Summary Medical Record	<input type="checkbox"/>

I wish to access my **Summary Medical Record** online and understand and agree with each statement (*please tick a-e*)

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