

ST THOMAS MEDICAL GROUP

Application for online access to my medical record (over 16 years only)

Surname	Date of Birth
First name	
Address	GP Name
Postcode	
Email address	
Please note that by giving your email address you are consenting to receive confidential information (such as re-set passwords) to this 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	<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, in writing, as soon as possible	<input type="checkbox"/>

Please note that On-Line Services can only be processed upon receipt of two forms of ID, one with a photograph i.e. Passport or Photo Driving Licence and one with proof of home address.

I understand that it is my responsibility to provide the Surgery with any change of contact details (address, telephone number, email address) <input type="checkbox"/>	Date
I have read and understood the attached leaflet "It's your Choice" <input type="checkbox"/>	
Signature	

For practice use only

Patient NHS number	EMIS 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"/>
Medical Record Access Authorised by:	Date
Date account created	
Date passphrase sent	
Level of record access enabled No Care Record Access <input type="checkbox"/> Core Summary Care Record <input type="checkbox"/> Partial Clinical Record <input type="checkbox"/> Detailed Coded Record <input type="checkbox"/>	Notes / explanation