Royal College of General Practitioners

NHS

England

The Doctors Surgery, Thirsk

Application for online access to my medical record

Surname	**Date of birth**
First Name	
Address **Postcode**	
Email address	
Telephone Number	**Mobile Number**

Have you registered previously for online access at this practice?

1. I have not registered at this practice before	☐
2. I have recently registered online for this practice	☐
3. I am unable to log on and would like you to Reset my Account	☐

I wish to have access to the following online services (please tick all that apply):

4. Booking appointments	☐
5. Requesting repeat prescriptions	☐
6. Accessing my medical record	☐

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	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. IfIsuspect that myaccounthasbeenaccessedbysomeone without myagreement, Iwillcontact the practice assoonaspossible	☐
5. IfIsee information inmyrecordthat isnotabout meorisinaccurate, Iwillcontact thepracticeas soon aspossible	☐
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	☐
Please post out my Online Account Details ☐	**Please email my Online Account Details** ☐

Signature	**Date**

Forpracticeuseonly

PatientNHSnumber		**Practicecomputer IDnumber**	
Identity verifiedby(initials)	**Date**	**Method** **Vouching☐** **Vouchingwithinformationinrecord☐** **Photo IDandproofof residence☐**	
Account Authorised, Account Created and Printed by			**Date**
Level ofrecordaccessenabled **All Service Features☐** **MEDICAL RECORD ACCESS** **NO Care Record☐OR Detailed coded record☐**		**Notes /explanation**	