Central Healthcare Centre

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	☐
Requesting repeat prescriptions	☐
Limited access to parts of my medical record	☐

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	☐
I will be responsible for the security of the information that I see or download	☐
If I choose to share my information with anyone else, this is at my own risk	☐
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐

Signature:	Date:

For practice use only

Patient NHS number:		Proxy Access Authorised by:
Identity verified by: (initials)	Date:	2 Forms of Identification Required: Vouching ☐ Passport ☐ Driving Licence ☐ Birth Certificate ☐ Bank Statement or Utility Bill ☐ Marriage Certificate ☐ Other ☐
Authorised by:		Date:
Date account created:		
Date passphrase set:		
Level of record access enabled: Appointments ☐ Prescription Requesting ☐ Summary Care Record ☐ Detailed Coded Record ☐ Full Medical Record ☐		Notes / explanation