

## OAKENHALL MEDICAL PRACTICE

### 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):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Viewing Summary Care Records	<input type="checkbox"/>
4. Detailed Coded Record Information Including Test Results, Vaccinations, Blood Pressure, Diagnosis, Call Recalls, Care Plans, Drug Sensitivities	<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, download or Print	<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 as soon as possible	<input type="checkbox"/>
6. I understand, if I am applying for Parental/guardian access of a child once he/she attains the age of 11 years, online access will be switched off and further access will be reviewed on a case by case basis by the GP Partners in this practice.	<input type="checkbox"/>

Signature	Date
-----------	------

If request is for access to be given to someone other than the patient please complete this section:

Access to be provided to	
Relationship to patient	
Please tick as appropriate	Proxy Access for Child <input type="checkbox"/> See Box A Proxy Access for Person 13 Years and over <input type="checkbox"/> See Box B
<b>A</b>	Access will discontinue on the 11 <sup>th</sup> birthday Access is applied for prescription requesting and appointment booking only Patient identification must be seen for the patient (Birth Certificate) and person requiring proxy access.
<b>B</b>	In the event of Mental incapacity evidence of Lasting Power of Attorney for Health and Welfare must be seen Patient identification must be seen for the patient and person requiring proxy access. Access is applied for prescription requesting and appointment booking only

**For Practice Use Only**

Patient NHS Number	
Identity Verified by	
Method	<b>Passport</b> <input type="checkbox"/> <b>Driving License</b> <input type="checkbox"/> <b>Birth Certificate</b> <input type="checkbox"/> <b>Utility Bill</b> <input type="checkbox"/> <b>Other (Description):</b>
If Appropriate Evidence of Lasting Power of Attorney for Health and Welfare Viewed. Evidence of Parental Responsibility provided	
Detailed Coded Access – Medical Records Reviewed and Authorized by:	
Date Account Created and Password Posted to Patient:	