



OLD MILL & MILLGATES MEDICAL PRACTICE

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APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

SURNAME		DATE OF BIRTH	
FIRST NAME(S)			
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
- Accessing 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
- If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible
- If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible
- 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.

SIGNATURE:	DATE:
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FOR PRACTICE USE ONLY

PATIENT NHS NUMBER		
Identity verified by:	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:		
Level of record access enabled: All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>		Notes / explanation

Document Updated: 13-11-2018 - To be reviewed periodically