

T41C Application for online access to my medical record

PATIENT DETAILS

Surname:		Date of birth:	
First name:			
Address:			
Email address:			
Telephone number:		Patient Mobile Number:	
I am the Patient (Circle as appropriate)	YES/NO		
I have provided proof of my Identity. (Two documents, one of which MUST show current address & one form of photographic I.D. a non-exhaustive list is shown on page 2 bills are not suitable forms of I.D unless they are utility bills issued in the last 3 months)		I have been asked to act by the patient, and attach the patient's written authorization. (Circle as appropriate). YES/NO	

I the patient wish to have access to the following online services (Please tick any that apply to you)

PATIENT TO COMPLETE

Appointments Access (Booking/cancellation).	<input type="checkbox"/>
Repeat prescriptions Access (Requesting/history).	<input type="checkbox"/>
Demographics	<input type="checkbox"/>
Core Summary Care Record Access (Allergies & Medications).	<input type="checkbox"/>

Detailed Coded Record Access (Allergies, medications, laboratory results, documents, Immunisations & problems).	<input type="checkbox"/>
Laboratory test results	<input type="checkbox"/>
Documents	<input type="checkbox"/>
Immunisations	<input type="checkbox"/>
Problems	<input type="checkbox"/>
Consultations	<input type="checkbox"/>
Record Sharing (Record sharing allows online users to share care records with other individuals through their online service provider. Record access must be configured before record sharing can be enabled. <i>Please note that if you are a newly registered patient at the practice, and have requested "Detailed Coded Record Access" access, this may be delayed by up to 6 months in order for us to receive your medical records from your previous surgery, however "Core" access will be granted in the meantime.</i>	<input type="checkbox"/>

I wish to access my medical record online and understand and agree with each statement (tick).

1. I have received/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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.	<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. And keep all such information confidential.	<input type="checkbox"/>
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.	<input type="checkbox"/>
Signature:	Date:



For practice use only.

Patient NHS number:		Practice computer I.D. number:	
Identity verified by: (Initials)	Date:	Method (Suitable forms of I.D.as set out in "Application for Access to Medical Records")	
Authorised by:		Date:	
Date account created			
Level of record access enabled		Notes /explanation (Insert I.D. number from Passport, Driving license etc.)	
ALL(Available at Date).			
Prospective.	<input type="checkbox"/>		
Retrospective.	<input type="checkbox"/>		
Detailed coded record.	<input type="checkbox"/>		
Limited parts.	<input type="checkbox"/>		

T41C Application for online access to my medical record

Examples of Proof of Address

Please provide **two documents** from the following list, one of which **must** show the current address of the patient & one form of **photographic** identification for the patient requesting access to their medical record:

- Current driving license – old-style paper version.
- Mortgage statement – issued in the last 12 months.
- UK Bank or building society statement or credit card statement issued in the last 3 months.
- UK Bank or building society account opening confirmation letter issued in the last 12 months.
- UK Financial statement, e.g. pension or endowment issued in the last 12 months.
- Birth certificate.
- P45 or P60 statement issued in the last 12 months.
- Council Tax statement Issued in last 12 months.
- Utility bill (not mobile phone bill) issued in the last 3 months (Gas, Electricity etc.).
- Benefit statement, e.g. Child Benefit, Pension issued in the last 3 months.
- Central or local government, government agency, or local council document giving entitlement, e.g. from the Department for Work and Pensions, the Employment Service, HMRC issued in the last 3 months.

PHOTO I.D.

- Passport.
- Driving License (Photo card type).
- EEA/EU Government Issued Identity Card.
- UK Biometric Residence Permit.
- NHS Staff Card Containing a biometric.
- Armed Forces I.D. Card.

VOUCHING

- Staff &/or G.P. vouching.

Please note:

Patients must have their own individual e mail address to use this service, children over 11 years old who are not considered as "Gillick competent" may need further assessment by a doctor. Proxy access may be given regardless of whether the patient has an online account.