

Scott Park Surgery

Application for online access to my medical record

Surname		First Name(s)	
Address			
Date of Birth		Telephone	
Mobile Tele		Consent to be contacted by text message and to opt-in the appointment reminder text service ? Yes / No (please select option)	
Email			

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. Accessing my core summary care record (allergies and medication) - mandatory	<input checked="" type="checkbox"/>
4. Accessing my core summary care record + Immunisations	<input type="checkbox"/>
5. Accessing my detailed coded medical record	<input type="checkbox"/>

Please tick the following statements to indicate that you have read, understood and agreed with each statement (tick)

1. I have read and understood the information leaflets 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. 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"/>

Signature	Date
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I understand that I may be contacted by the Practice to assess this service and I am happy to provide the above information to Scott Park Surgery and its Patient Reference Group for the purpose of receiving information, patient surveys and newsletters.

Please submit this completed application form along with photo identification (i.e. photo driving licence or passport) to reception. A copy of the ID will be taken but NOT scanned into clinical record.

Please collect your login details in person allowing 21 days to process.

To be completed by Reception Staff

Copy of photo identification taken: *Passport* *Photo Driving Licence* *Other* _____

Contact Details Updated on Computer & PPG Mailing list: *Telephone + Mobile* *Email Address* *PPG List*

Register Patient for Patient Access on EMISWeb + Instructions & Login details printed

Level of record access enabled:

No Care Record Access Core Summary Care Record Core Summary Care Record + **Imms**

Partial Clinical Record Detailed Coded Record

Staff Name & Signature: Date.....

To be completed by Patient

Signature of PatientDate of login details collected:

To be completed by Reception Staff Application form only scanned ID + Form filed