

**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 for care promotion services and appointment reminder text service etc? <b>Yes / No</b>	
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 detailed coded medical record	<input type="checkbox"/>
4. Accessing PROSPECTIVE full medical record from date of registration / request	<input type="checkbox"/>

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

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 or that I may come under pressure to give access to someone else unwillingly	<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. <b>YES – I am happy to provide my email address to Scott Park Surgery and its Patient Reference Group for the purpose of receiving information, newsletters health promotion invites and patient surveys etc.</b> <i>Note: You can opt-out anytime</i>	<input type="checkbox"/>

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

Please collect your login details in person allowing 7 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 SystemOne + Instructions & Login details printed

**Level of record access enabled:**

No Care Record Access     Core Summary Care Record     Detailed Coded Record

Partial Clinical Record     Full Clinical Record

Staff Name & Signature: ..... Date.....

**To be completed by Patient**

Signature of Patient ..... Date of login details collected: .....

**To be completed by Reception Staff** Application form filed

