

# Patient Online: Access to GP online Services

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Address |  |
| Postcode  |  |
| Email Address |  |
| Telephone number |  Mobile number |

I wish to have access to the following online services (tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments
 |  |
| 1. Requesting repeat prescriptions
 |  |
| 1. Accessing a Summary Record view of my Medical Record
 |  |

# Application for online access to my medical record

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice.
 |  |
| 1. I will be responsible for the security of the information that I see or download.
 |  |
| 1. If I choose to share my information with anyone else, this is at my own risk.
 |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 |  |
| 1. If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible
 |  |
| Signature: |  | Date: |  |

# Detailed Record Access

If you wish to request detailed record access, please speak to the Surgery Site Lead Officer who will process your request.