

Holbrook Surgery Application for Online Services and access to Medical Records

Please note all patients aged 15 and over must provide photo ID in person and have their own personal email address

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

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

1. Booking appointments	
2. Requesting repeat prescriptions	
3. Accessing my medical record	

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

1. I have read and understood the information leaflet provided by the practice	
2. I will be responsible for the security of the information that I see or download	
3. If I choose to share my information with anyone else, this is at my own risk	
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	
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	
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.	

Name of person if completing on behalf of the patient

Relationship to patient

Signature

Date

For practice use only

Identity verified by	Date	Type of photo ID seen & proof of residency
Date account created & email sent		Staff initials
Level of record enabled for access to medical records #93440	Notes / explanation	
All Limited parts Prospective Retrospective		
Authorised by		