

The Lodge Surgery

Application for online access to my medical record

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

Please delete as necessary:

I already have an online account

or

I do not have an online account and would like to have access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions (limited)	<input type="checkbox"/>
3. Limited access to parts of my medical record	<input type="checkbox"/>

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

1. I have 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 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"/>
5. I understand my access will be available within the next 21 days	<input type="checkbox"/>

Signature	Date
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For practice use only

Patient NHS number:		
Patient Identity verified by: (initials)	Date:	Method: Vouched for <input type="checkbox"/> Photo ID viewed <input type="checkbox"/>
Authorised by:		Date:
<input type="checkbox"/> Record access enabled for contractual minimum <input type="checkbox"/> Refused	Explanation:	