HALESOWEN MEDICAL PRACTICE

NHS Dudley Clinical Commissioning Group

Application for online access to my medical record

Surname		Date of Birth	
First name			
Address			
Email Address			
Telephone		Mobile	

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

Booking appointments	❑
Requesting repeat prescriptions	❑
Limited access to parts of my medical record	❑

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	❑
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.	I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	❑
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	❑

Signature		Date	

Disclaimer: Halesowen Medical Practice will continue to work in line with your registration request as above. It is your responsibility to inform us in writing should you wish to make any changes to the above request. It is also your responsibility to inform us should you change your e-mail address or mobile number information. The practice takes no responsibility if the same e-mail address or mobile number is used for multiple household members this is the responsibility of the patient.

Repeat prescriptions ordered online: By agreeing to sign up for online access you are giving permission for the Prescription Ordering Direct Service (POD) to access and process your online prescription requests and access your medical records on behalf of the practice.

PRACTICE USE ONLY

<table>
<tr><td colspan="2">Patient NHS Number:</td><td>Patient ID/Emis Number:</td></tr>
<tr><td>Identity verified by (staff initials):</td><td>Date:</td><td>Method

Vouching ☐
Vouching with information in record ☐
Photo ID and proof of residence ☐</td></tr>
<tr><td colspan="2">Authorised by (staff name):
Staff signature:
Signed by named GP for Medical Records Access:</td><td>Date:
Date:</td></tr>
<tr><td colspan="2">Services Enabled:

☐ Appointments
☐ Prescriptions
☐ Medical Records

Medical Records enabled (GP to complete)

☒ Allergies
☒ Medication
☐ Results
☒ Immunisations
☐ Problem codes

Other…….

…….</td><td>Notes/Explanation:</td></tr>
<tr><td colspan="3">Scanned to patient records: ☐ Code: EMISNQPA179</td></tr>
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