



# GPS Healthcare

## Application for Online access to my medical record

|                  |  |               |  |
|------------------|--|---------------|--|
| 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):

|                                |                          |
|--------------------------------|--------------------------|
| 1. Accessing 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 suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible       | <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. 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. | <input type="checkbox"/> |

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

### For practice use only

|  |      |                             |   |
|--|------|-----------------------------|---|
| Patient NHS number   |      | Practice computer ID number |   |
| Identity verified by (initials)  | Date | Method                      | Vouching <input type="checkbox"/><br>Vouching with information in record <input type="checkbox"/><br>Photo ID and proof of residence <input type="checkbox"/> |
| Authorised by  |      | Date                        |   |
| Date account created   |      |                             |   |
| Date passphrase sent   |      |                             |   |
| Level of record access enabled<br>All <input type="checkbox"/><br>Prospective <input type="checkbox"/><br>Retrospective <input type="checkbox"/><br>Detailed coded record <input type="checkbox"/><br>Limited parts <input type="checkbox"/> |      | Notes / explanation         |   |