Application form for online access to the practice online services

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | Date of birth | | | | |
| First name | | | | | |
| Address  Postcode | | | | | |
| Email address | | | | | |
| Telephone number | | Mobile number | | | |
| At point of registration you will be offered prospective Full Clinical Access .Once we have received your full records you can request retrospective access. Please select the type of access you require  Basic Access □ Detailed Coded Access □ Full Clinical Access□  Please state how you wish to be notified of updates to you online record  Text □ Email □ | | | | | |
| 1. Booking appointments | | | | | □ |
| 2. Requesting repeat prescriptions | | | | | □ |
| 3. Accessing my full clinical medical record | | | | | □ |
| 4. Questionnaires | | | | | □ |
| **I wish to access my medical record online and understand and agree with each statement (tick)** | | | | | |
|  | | | | |  |
| 1. I will be responsible for the security of the information that I see or download | | | | | □ |
| 2. If I choose to share my information with anyone else, this is at my own risk | | | | | □ |
| 3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible | | | | | □ |
| 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 | | | | | □ |
| 5. 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. | | | | | □ |
| Signature | | | | | Date |
| For practice use only | | | | |  |
| Patient NHS number | | |  | | |
| Identity verified by (initials)  Date | | |  | | |
| Authorized by | | | | Date | |
| Level of record access enabled  Basic Access □    Detailed Coded Access □    Full Clinical Access □ | | | Notes / explanation | | |
| If this is being filled in online, save the file and send to our email address – [capccg.nrmcpatients@nhs.net](mailto:capccg.nrmcpatients@nhs.net).  Once you receive your log in details by email, go onto our website – <https://www.nrmc.nhs.uk/>  Once on our website click on ‘services we provide’ and then ‘access your account’ and then you can log into your account to view all your records, order medications, book telephone calls etc. | | | | | |