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 all that apply):

Booking appointments	☐
Requesting repeat prescriptions	☐
Accessing my medical record and test results	☐

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

I have read and understood the information leaflet provided by the practice	☐
I will be responsible for the security of the information that I see or download	☐
If I choose to share my information with anyone else, this is at my own risk.	☐
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
I will comply with any security checks deemed necessary to verify my identity	☐

Save and email this form to garswood.surgery1@nhs.net (we will contact you to verify your identity)
OR
Download, sign and post this form to Garswood Surgery, Billinge Road, Garswood, Wigan, WN4 0XD
OR
Download, sign and photograph or scan this form and return by email to garswood.surgery1@nhs.net

Signed:	**Date:**

Remember to enclose or attach your signed ID and proof of address

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For practice use only

Patient NHS number		**EMIS ID number**	
Application received by: Post ☐ Online ☐ In Person ☐			
Post	Application verified against Signed Photo ID and proof of residence ☐ No ID - Vouching with information in record ☐ Incomplete application – Patient contacted		
Online and digital signature	Signed Photo ID and proof of residence received ☐ Digital signature compared against signed photo ID ☐		
Online – unsigned application	Returned to patient for signature ☐ Phone call verification to number held on record ☐		
In Person	No ID - Vouching by recognition ☐ No ID - Vouching with information in record ☐ Signed Photo ID and proof of residence ☐ Signature compared against signed photo ID ☐		
ID Verified by	**Authorised by**	**Account created (date)**	**log in details sent**
Level of record access enabled Prospective ☐ Retrospective ☐ All ☐ Limited parts ☐ Contractual minimum ☐		**Notes / Explanation**	