

# UNIVERSITY MEDICAL CENTRE

## Patient Online: Registration for Access to GP online services

Name			
Date of birth			
Address			
Postcode			
Email address		Usual GP	
Telephone			

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record – Medication and allergies	<input type="checkbox"/>
4. Accessing my medical record – Test results and immunisations	<input type="checkbox"/>
5. Accessing my medical record – problems, consultations	<input type="checkbox"/>

### Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement (please 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice immediately via Secure Messaging within my Patient Access account or I will contact the practice by telephone after 2pm	<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	
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### For practice use only

Patient NHS number	<u>Method</u>		
Identity verified by Receptionist:	Date:	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> Documents used: 1. 2.	
Authorised by GP	Date		
Date account created:	Coded: Xabui		
Date passphrase sent:			
Level of record access enabled <input type="checkbox"/> All <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Full Clinical Record <input type="checkbox"/> Limited parts	Notes / explanation		