



HUNMANBY SURGERY

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):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. 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:
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For practice use only

Patient NHS number:	
Identity verified by (initials)	Date:
Date created:	
Date passphrase sent:	
Level of record access enabled Book/cancel appointments Order repeat prescriptions Detailed coded record	Method of identification

Conditions of Use

1. The service is provided solely for the use of the registered patient i.e. the patient or their parent/guardian, carer or power of attorney named opposite.
2. Appointments booked using this service must only be booked for the registered patient. Appointments for relatives/friends must be booked using their own credentials.
3. This service can be used to book single appointments with the GPs. If you are unsure as to whether it is appropriate to see a doctor, or if a longer appointment is required please contact us by telephone during normal surgery hours.
4. If you need an appointment with a Practice Nurse, Health Care Assistant or Clinical Receptionist please contact us by telephone during normal surgery hours.
5. Access to the service is provided on the condition that appointments are kept and that the service is not abused in anyway. Repeated failure to attend or cancel your appointment at short notice will result in withdrawal of the service.
6. Prescriptions that are requested must be collected within 4 weeks. Prescriptions that are not collected within this time scale will be destroyed.
7. Only request prescription items that are required.
8. Passwords/logon credentials should be kept secret. Do not pass on the details of passwords to anyone else.
9. If you think anyone knows your password, you must contact the surgery at the first opportunity so that we can suspend access to the system and provide you with new user credentials.
10. The practice cannot guarantee that the Online access service will be continuously available.
11. Failure to comply with any of the above conditions will result in revocation of access to the service.