Ramsey Health Centre

Application for online access to my medical record (Aged 11 and above)

Surname		Date of Birth			
First name					
Address					
		Postcode			
Email address					
Telephone number		Mobile number**			
Please tick here if you consent to receiving communications from us via text message					☐

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

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my summary care record	☐
4. Accessing my **detailed coded record**	☐
5. Accessing my **full clinical record** (from date of application)	☐

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

1. I have read and understood the information leaflet* provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
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	☐
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	☐

Signature	Date