FOR RHC USE ONLY (PATIENT SERVICES)	Form and Leaflet* given out by: (Initials and date)	
Form Received & identity verified by: (initials and date)	Method:  Vouching Vouching information in record with Photo ID & proof of residence (2x Total)	

## Ramsey Health Centre

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

Surname		Date of Birth			
First name					
Address					
	Postco	ode			
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 <i>detailed coded record</i>	
5. Accessing my <i>full clinical record</i> (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	
<ol> <li>If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible</li> </ol>	
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	
<ol><li>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</li></ol>	

## Signature

Date

## FOR RHC USE ONLY (ADMIN)

Email verified? Reminder/s sent:		GP consent task sent to: on:	
Authorised by: (GP initials)	Task date:	Date account created & passphrase sent:	
Level of record access enabled:      Appointments      Prescriptions      Summary Care Record      Detailed coded record      Full Clinical Record from date://		Notes / explanation:	

Reviewed: April 2020 Saved in: s:\dept-ptservices\patient services\forms\online access registration form.docx