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 ☐ 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 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):

• Booking appointments	☐
• Requesting repeat prescriptions	☐
• Accessing my summary care record	☐
• Accessing my ***detailed coded record***	☐
• Accessing my ***full clinical record*** (from date of application)	☐

I wish to access my medical record online. I 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

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: June 2020 Saved in: s:\dept-admin team\sophie crossfield\website documents\online access registration form new		