

# Marazion Surgery



## Application for online access to my medical record

Surname		Date of birth	
First name			
Address			
Postcode			
Email address <small>PLEASE WRITE IN BLOCK CAPITALS</small>			
Telephone number		Mobile number	

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

1. Appointments & Requesting Repeat Prescriptions	<input type="checkbox"/>
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*NB: Please note that the option below will only be available to recently registered patients once we have received and summarised your medical records. Your applications for accessing your detailed coded records will remain on hold until this process is completed.*

2. Accessing my detailed coded records	<input type="checkbox"/>
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I wish to access my medical record online. I have read the attached Appendix A and understand and agree with each statement (tick):

• I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
• I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
• If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
• 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"/>
• 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"/>
• 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 – Date & Initial each entry:**

Account Created For Appts & Prescriptions:		'Codes' Email Sent:		Identity Verified: (Date & Method & By Who)
'Verification' Email Sent:		DCR Enabled:		
Pop-Up Added to Records:		Pop-Up Amended on Records:		