

BUCKDEN AND LITTLE PAXTON SURGERIES

Application for Patient Online Access to Medical Records

Surname	Date of Birth
First Name	
Address	
Postcode	
Email Address	
Telephone Number	Mobile Number

This service is currently only offered to patients aged 16 or over.

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 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. I will contact the practice as soon as possible if I suspect my account has been accessed by someone without my agreement	<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"/>

Signature	Date
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For practice use only

Patient NHS number	Practice EMISweb number
Identity verified by:(initials)	Date PIN generated:
Form of Identification: Passport <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> GP Vouching <input type="checkbox"/> Other (please state) _____	
Usual GP	Records Checked
Access Granted to Full Medical Records	
If N, date patient contacted:	If Y, Date emisweb updated:

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Examples of ID accepted

- Passport
- Driving Licence (with photo ID card)
- Proof of Age Card (under Proof of Age Standards scheme)
- Certain organisations' ID cards at management discretion.