**TRAFFORD PRIMARY HEALTH & PRACTICES**

**Data Protection Act Patient Registration: Application for online access to my medical record – Appendix 2 to Annex M**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Address   Postcode  |
| Email address |
| Telephone number | Mobile number |

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

|  |  |
| --- | --- |
| 1. Booking appointments
 | 🞏 |
| 1. Requesting repeat prescriptions
 | 🞏 |
| 1. Accessing my medical record
 | 🞏 |

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

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible
 | 🞏 |

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |
| --- | --- |
| Patient NHS number | Notes |
| Identity verified by(initials) | Date | Method Photo ID and proof of residence 🞏 |
| Access created by (Reception staff) | Date |
| Date account created  |
| Date Patient Access Key sent:  |
| Level of record access enabledProspective 🞏 Retrospective 🞏 - Date from ­­­­­­\_\_\_\_\_\_\_\_\_Appointm’ts 🞏 Rep’t Prescriptions 🞏 Demographics 🞏Detailed Coded Record 🞏 (Lab, Imms, Prob, Consults) Documents 🞏 - Date from \_\_\_\_\_\_\_\_\_\_\_\_\_ (DPA 2018) | Notes / explanation |

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Creator – Practice Manager

Deputy – Lead GP

Review – Two Yearly

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