

# Vale Medical Group

<input type="checkbox"/> Long Clawson Medical Practice	<input type="checkbox"/> Stackyard Surgery	<input type="checkbox"/> Woolsthorpe Surgery
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## Patient Access to GP Online Services

Dear Patient

It is now possible for you to view parts of your electronic medical record held here at the surgery, book appointments and order repeat prescriptions online. If you would like to be able access this service, please fill in this form and bring it to Reception, along with a form of photographic ID (such as a passport).

Once we have received your completed form and verified your identity, we will send you confirmation that online services have been activated on our Patient Access account.

This service is not available unless you have an email address that is unique to you and not shared by anyone else.

Please complete all areas in **CAPITAL LETTERS** and tick the appropriate boxes.

**All fields below are mandatory. We cannot accept requests without an email address.**

<b>Surname</b>	
<b>First name</b>	
<b>Date of birth</b>	
<b>Address</b>	
<b>Email address</b>	
<b>Telephone number</b>	
<b>Mobile number</b>	

Do you give consent to receiving emails and text messages form the surgery? YES  NO

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

<b>Booking appointments</b>	<input type="checkbox"/>
<b>Requesting repeat prescriptions</b>	<input type="checkbox"/>
<b>Accessing my medical record</b>	<input type="checkbox"/>
<b>Accessing my Detailed Coded Medical Record – <u>Requires additional consent form</u></b>	<input type="checkbox"/>

## Application for online access to my medical record

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

<b>I will be responsible for the security of the information that I see or download</b>	<input type="checkbox"/>
<b>If I choose to share my information with anyone else, this is at my own risk</b>	<input type="checkbox"/>
<b>I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement</b>	<input type="checkbox"/>
<b>If I see information in my record that is not about me, or is inaccurate, I will log out immediately and contact the Practice as soon as possible</b>	<input type="checkbox"/>

<b>FOR OFFICE USE ONLY</b>
EMIS No: .....
<input type="checkbox"/> ID Check Place the following code on patient record once this is checked: <b>91B</b>
Form of ID: .....
<input type="checkbox"/> Care Record Viewing Active
<input type="checkbox"/> Emailed Patient

<b>Signed:</b>
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<b>Date:</b>
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