



Solway Health Services

Application and Identity check for online access to my medical record

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 GP appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my summary medical record (allergies, medication)	<input type="checkbox"/>
4. Accessing my detailed clinical record	<input type="checkbox"/>

I wish to access my medical record online and 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 that 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 computer ID number	
Identity verified by (initials)	Date	Method	Vouching <input type="checkbox"/>
			Vouching with information in record <input type="checkbox"/>
			Photo ID and proof of residence <input type="checkbox"/>
		ID seen.....	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
Prospective <input type="checkbox"/>			
Retrospective <input type="checkbox"/>			
All <input type="checkbox"/>			
Limited parts <input type="checkbox"/>			
Contractual minimum <input type="checkbox"/>			

