

## Beaconsfield Medical Practice Application

### Online access to my medical record - Existing Patients (over 16s only)

A higher standard of documentation is needed for online registration. You will need two forms of identification, one containing a photo. Acceptable documents include passports, photo driving licence or bank statement but not bills.

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

**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 Summary Medical Record	<input type="checkbox"/>		
4. Accessing my Detailed Coded Record	<input type="checkbox"/>		
<b>Please note:</b> There is a waiting list for this functionality due to the high workload required in checking and enabling coded record access. Full records access is not available at this surgery.			
I wish to receive my log in details via (please tick the box)	<b>TEXT</b>	<b>E'MAIL</b>	<b>COLLECT IN PERSON</b>

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

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
<b>I wish to have access to my child/children's online record; please give names:</b> (Please note this facility is available only until the child turns 11 years of age at which time access will be automatically removed.)	

### For practice use only

<b>RECEPTION DEPARTMENT</b>			
<b>ID verified by:</b> (Initials):	<b>Date</b>	Vouching <input type="checkbox"/>	Vouching with information in record <input type="checkbox"/>
		ID provided <input type="checkbox"/> (give details)	
<b>ADMIN DEPARTMENT</b>		Date passphrase sent/given:	
<b>Level of record access enabled:</b> Booking appointments <input type="checkbox"/> Requesting repeat prescriptions <input type="checkbox"/> SR <input type="checkbox"/>		<b>Level of record access enabled:</b> Detailed Coded Record <input type="checkbox"/>	
<b>Authorised by:</b>		<b>Date:</b>	