

Beaconsfield Medical Practice Application

Online access to my medical record – New Patients (OVER 16's ONLY).

To obtain online access you will need to two forms of identification, one of which must contain a photo. Acceptable documents include; passports, photo driving licences or bank statements.

Surname:	Date of birth:
First name:	
Address:	
Email address:	
Telephone number:	Mobile number:

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 Record	<input type="checkbox"/>		
4. Accessing my Detailed Coded Record	<input type="checkbox"/>		
<p>Please note: There is a waiting list for this functionality due to the high workload required in checking and enabling coded record access. Access cannot be granted until your medical record has been received from your previously surgery and summarised, which currently takes approximately 8 weeks. Full records access is not available at this surgery.</p>			
I wish to receive my log in details via (please tick the box)	TEXT	E'MAIL	COLLECT IN PERSON

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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I wish to have access to my child/children's online record; please give names:
 (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

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