

# Warwick Square Group Practice

## Application for online access to my medical record

To register for online services please complete this form and return it to the practice in person, **along with two valid forms of identification; one must contain a photo, for example your passport, photo driving license, bank statement (NOT utility bills).** Once you are registered the practice will give you the information that will enable you to create a username and password.

Please complete this form using **pen** and **BLOCK CAPITALS**

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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical 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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<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"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Patient NHS number		Type of ID seen
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"/>
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled		
All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>		