

Parkbury House Surgery

Application for Online Patient Access to Medical Record

Please note that we will give you access as soon as we are able to, but this can take up to one calendar month as we need to check your complete online record before access can be agreed by a clinician.

Patient Details

First Name	Address
Surname	
Date of Birth	
Mobile Number	
Email	

Sign in the box to accept access to the following:

<ul style="list-style-type: none">• Current acute and repeat medication• Allergies• Immunisations• Update personal details	<ul style="list-style-type: none">• Book and cancel appointments• Test Results - including free text• All coded information• Send an administration message	Sign:
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I wish to access my medical record online and understand and agree with each statement

I have read and understood the information leaflet provided by the practice	
I will be responsible for the security of the information that I see or download	
If I choose to share my information with anyone else, this is at my own risk	
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	

Declaration: I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 2018.

Patient - Proof of Identity given:

1	[Photo ID - Passport, photo drivers' licence]
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Under the Data Protection Act 2018 there are certain circumstances in which the record holder may withhold information. Access may be denied, or limited, where the information might cause harm to the physical or mental health or condition of the patient, or any other person, or where giving access would disclose information to or provided by a third person who had not consented to the disclosure.

Please note that you agree to use Parkbury House Online Access in accordance with the information leaflet we have provided you. This leaflet gives specific guidance on Parkbury House Surgery online booking policy.

Name:

Signature:

Date:

Verified by:

Name:

Signature:

Parkbury House Surgery

Date: