



Online Access To Detailed Coded Medical Record Agreement

Surname:	Date of Birth:
Forename:	NHS Number:
Address:	Mobile Number:
	Home Number:
Postcode:	Email Address:

I wish to access my medical record online and I am aware that I can find more information by following this link https://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf	<input type="checkbox"/>
I will be responsible for keeping any information I read, copy, download or print, safe and secure.	<input type="checkbox"/>
I am completing this questionnaire myself.	<input type="checkbox"/>
I am confident using my login and passwords to access Online Services and understand it's my responsibility to keep my password safe and secure.	<input type="checkbox"/>
I agree that if I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
If I think I may come under pressure to give access to someone else unwillingly, I will contact the practice immediately to disable my medical record visibility.	<input type="checkbox"/>
If I know or suspect that my record has been accessed by someone that I have not given permission to view it, then I know to change my password immediately.	<input type="checkbox"/>
If I see information in my record that is not about me, is inaccurate or upsetting, I will contact the practice as soon as possible to discuss.	<input type="checkbox"/>
I agree to provide TWO forms of ID, one photographic , such as a passport or driving licence AND a proof of address document such as a bank statement, utility bill (Where a driving licence has been used as photographic ID, it cannot be used as proof of address)	<input type="checkbox"/>
I understand that from today, the practice has 28 days to review my record for third party reference and once all necessary checks have been done, a member of the team will contact me on the mobile number/email address that I have provided above.	<input type="checkbox"/>

Please sign to say you understand the above agreement.

Patient Signature: **Date:**

OFFICE USE ONLY – please return signed form to IT Administrator

Two forms of ID seen (Document what ID was seen):

Signature witnessed by (staff):

Access granted Y/N Date access granted: