Chatfield Health Care

www.chatfieldhealthcare.com

Application for Online Access to my Medical Record

Surname	Date of birth	Emis No
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	☐
2. Requesting repeat prescriptions	☐
3. Accessing the computer held data in my medical record (medications, allergies, adverse reactions, test results, letters, immunisations, coded data in my consultations)	☐

I wish to access my medical record online and understand and agree with each statement:

1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
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**	☐
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	☐

***Please note that this practice is only responsible for the data entered since you registered with us. It is still your right under DPA 1998 to request any factual amendment, no entry can be removed but your comment will be recorded.*

Signature	Date

The practice will let you know within 2 weeks whether your application has been successful. In some cases access to certain parts of your records is withheld from on-line access; this does not affect your right to book an appointment to view your medical records in the surgery

For practice use only

Patient NHS number		Practice computer ID number
Identity verified by (initials)	Date	Method of verification Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Online Access Authorised by (GP's Name)		Date
Date account created		
Date record access enabled		

Level of record access enabled

No record access ☐

Core summary (medications and allergies) ☐

Detailed coded records access ☐ Specify below

Read coded data		Free text	Timeframe
Immunisations	☐	n/a	
Lab test results	☐	Y☐ N ☐	
Problems	☐	Y☐ N ☐	
Consultations	☐	Y☐ N ☐	Prospective ☐Retrospective☐
Documents	☐		Prospective ☐Retrospective ☐

Notes / explanation