



Newburn Surgery - Application for online access to medical record

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):

Booking appointments	
Requesting repeat prescriptions	
Accessing my medical record/Viewing Test Results	

Note – It is practice policy that medical records will be made available from 1 May 13 only. A patient must request access online and it is a GP decision whether or not access is granted

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	
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	

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.

About You

I am aged 16 years or above and I am requesting on-line access to my own records	
I am aged 12-15 years and I am requesting on-line access to my own records	
I am aged 12-15 years and I am requesting the removal of on-line access by my parent/carer to my medical records	
I am the parent/carer of a child aged less than 12 years and I am requesting on-line access to their medical records	
I am the parent/carer of a child aged 12 to 15 years and I am requesting on-line access to their medical records	

Signature	Date
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For practice use only

Identity verified by (initials)	Date	Method Photo ID and proof of residence <input type="checkbox"/> Photo ID (existing patients) <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>
Authorised by		Date
Date account created		
Date username and password sent		