

## GROVE MEDICAL PRACTICE

### Data Protection Act Patient Registration:

### Application for online access to my medical record – Appendix 3 to Annex M

(Adults & 12-15 year olds)

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 will be responsible for the security of the information that I see or download	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
4. 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"/>

I wish to nominate a Proxy and provide **EXPLICIT CONSET** for my nominate proxy to:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

### PROXY's DETAILS

Surname	Date of birth
First name	
Address	
Postcode	
Email address:	
Mobile number:	
Proxy's ID (Passport / Driving Licence)	
Document Reference Number / Expiry Date	

Patient / Parent (Guardian) Signature	Date
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**For practice use only**

Patient NHS number		Notes	
Identity verified by (initials)	Date	Method Photo ID and proof of residence <input type="checkbox"/>	
Access created by (Reception staff)			Date
Date account created			
Date Patient Access Key sent:			
Level of record access enabled Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> - Date from _____ Appointments <input type="checkbox"/> Rep't Prescriptions <input type="checkbox"/> Demographics <input type="checkbox"/> Detailed Coded Record <input type="checkbox"/> (Lab, Imms, Prob, Consults)		Notes / explanation	
Proxy's details confirmed & explicit consent verified by (Reception staff)			

Creation date – 25th May 2018

Creator – Practice Manager

Deputy – Lead GP

Review – Two Yearly

Last Review – 8<sup>th</sup> July 2021