

## Appendix A

# The Reddish Family Practices Application for Online Access to my 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 as appropriate):

Level 1	Appointments, Repeat Prescriptions, Blood Test Results and Summary Information	<input type="checkbox"/>
Level 2	All above plus Detailed Coded Record Access	<input type="checkbox"/>

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	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
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	<input type="checkbox"/>

Signature	Date
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### For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	<b>Method:</b>	<i>Please Tick</i>
		Vouching	<input type="checkbox"/>
		Vouching with information in record	<input type="checkbox"/>
		Photo ID and proof of residence	<input type="checkbox"/>
Authorised by			Date
Date account created			
Date Online Access Code Letter sent			

Level 1 / Level 2	Notes / explanation
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