

**Bentley Surgery,
128 High Street, Bentley, Doncaster, DN5 0AT**

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 service (please tick all that apply)

1	Booking appointments	<input type="checkbox"/>
2	Requesting repeat prescriptions	<input type="checkbox"/>
3	Accessing my medical record (DCR)	<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	Method	
		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 passphrase sent/handed to patient			
Level of record access enabled		Notes/explanation	
Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited Parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>			

