

Bridgnorth Medical Practice



Online [Internet] Access to Medical Records

Bridgnorth Medical Practice offers access to certain aspects of your medical record. Patients can use this form to request access to this online facility, or they can give someone else permission to do so on their behalf. This person is called a Proxy.

For security reasons you will need to provide ID in the form of **one** piece of photo evidence such as a **passport** or **photo driving licence**, **and one proof of registered address** such as financial / bank statement, mobile phone contract or insurance document.

If you are nominating a Third Party, they will also need to provide the above ID stated above.

PATIENT Details

First Name:	Surname:	DOB:							
Address:									
Email:									
Mobile No:					Home No:				

THIRD PARTY Details

First Name:	Surname:	DOB:							
Address:									
Email:									
Mobile No:					Home No:				

**I wish to have access / allow Third Party access to the following Online Services
[Please tick all that applies]**

	Patient	Third Party
1. Booking and cancelling appointments – access granted on verification of ID	<input type="checkbox"/>	
2. Requesting repeat medication – access granted on verification of ID	<input type="checkbox"/>	
3. Access to your Lab Test Results – access granted on verification of ID	<input type="checkbox"/>	
4. Access to my coded electronic medical record Current patients: access granted 28 days after verification of ID. Please check your online account after 28 days. New patients: access granted following receipt of your medical records from your previous practice. Please note, this could take longer than 28 days.	<input type="checkbox"/>	<input type="checkbox"/>

	Patient
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. If I suspect that my account has been accessed by someone without my agreement, I will contact the Practice as soon as possible	<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"/>
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	<input type="checkbox"/>
7. The Practice holds the right to withdraw Online Access through misuse or suspected coercion	<input type="checkbox"/>

Patient signature:	Date:
Third Party signature:	Date:

PLEASE RETURN TO RECEPTION

Staff Initial:

Bridgnorth Medical Practice



Office Use Only – Downstairs

Patient EMIS Number: _____

Patient ID:

ONE ID From Here

ONE ID From Here

Photo ID	(✓)	Address ID	(✓)
Valid EU/Non EU Passport		Bank / Credit Union / Building Society Current Account	
Valid UK/EEA/EU Driving License		Valid Vehicle / Contents / Building Insurance Document	
Valid Public Services ID Card		Mobile Landline Telephone Contract Document	
Valid National 60+ Bus Pass		Bank <u>OR</u> Non-Bank Savings Account	
Valid EEA/EU Government Issued ID Card		Valid Residential Property Rental or Purchase Agreement	

Third Party ID:

ONE ID From Here

ONE ID From Here

Photo ID	(✓)	Address ID	(✓)
Valid EU/Non EU Passport		Bank / Credit Union / Building Society Current Account	
Valid UK/EEA/EU Driving License		Valid Vehicle / Contents / Building Insurance Document	
Valid Public Services ID Card		Mobile Landline Telephone Contract Document	
Valid National 60+ Bus Pass		Bank <u>OR</u> Non-Bank Savings Account	
Valid EEA/EU Government Issued ID Card		Valid Residential Property Rental or Purchase Agreement	

OR

Patient Vouching:

How do you know this Person?	
Staff Initials	
Date	

Third Party Vouching:

How do you know this Person?	
Staff Initials	
Date	

When the form has been completed, send it upstairs to Admin

