

**Online [Internet] Access to Medical Records**  
**Registering for Online Services**

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**

<b>Title:</b>		<b>Full Name:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Date of Birth:</b>			
<b>Email [print]:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	

**THIRD PARTY Details**

<b>Title:</b>		<b>Full Name:</b>	
<b>Address:</b>		<b>Postcode:</b>	
<b>Date of Birth:</b>			
<b>Email [print]:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	

**I wish to have access/allow Third Party access to the following online services [tick all that apply]:**

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

**I wish to access my medical record on line, I understand and agree with each statement [please tick]**

	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"/>
<b>Patient signature:</b>	<b>Date:</b>
<b>Third Party signature:</b>	<b>Date:</b>

**How would you like to receive your log in details:**

Email  Post

**Staff Initial:**

PLEASE RETURN TO RECEPTION

**Office Use Only – Downstairs**

**Patient EMIS Number:** \_\_\_\_\_

**Patient ID:**

ONE ID From Here		ONE ID From Here	
<b>Photo ID</b>	(✓)	<b>Address ID</b>	(✓)
Valid EU/Non EU Passport		Retail bank/Credit Union/Building Society Current Account <b>(Must be dated within the last 3 months)</b>	
Valid UK/EEA/EU Driving License		Valid Vehicle/Contents/Buildings Insurance <b>(Must be dated within the last 12 months)</b>	
Valid Public Services ID Card		Mobile Telephone Contract Account <b>(Must be dated within the last 3 months)</b>	
Valid National 60+ Bus Pass		Bank OR Non-Bank Savings Account <b>(Must be dated within the last 3 months)</b>	
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	
<b>Photo ID</b>	(✓)	<b>Address ID</b>	(✓)
Valid EU/Non EU Passport		Retail bank/Credit Union/Building Society Current Account <b>(Must be dated within the last 3 months)</b>	
Valid UK/EEA/EU Driving License		Valid Vehicle/Contents/Buildings Insurance <b>(Must be dated within the last 12 months)</b>	
Valid Public Services ID Card		Mobile Telephone Contract Account <b>(Must be dated within the last 3 months)</b>	
Valid National 60+ Bus Pass		Bank OR Non-Bank Savings Account <b>(Must be dated within the last 3 months)</b>	
Valid EEA/EU Government Issued ID Card		Valid Residential Property Rental or Purchase Agreement	

**OR**

**Patient Vouching:**

How do you know this Patient?	
Staff Initials	
Date	

**Third Party Vouching:**

How do you know this Proxy?	
Staff Initials	
Date	

**SEND UPSTAIRS TO ADMIN**

**Office Use Only – Upstairs**

