# The Haider Practice Application for online access to my medical record

Please complete this form and email it back to us with a copy of your passport or driving licence

We will arrange a video call with you to verify your identity before we can give you online access.

Email back to: [haider.practice@nhs.net](mailto:haider.practice@nhs.net)

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. Accessing my medical record |  |

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 |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 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 |  |
| 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. |  |
| Please note that this practice is only responsible for the data entered since you registered with us. It is still your right under DPA 1998 to request any factual amendment, no entry can be removed but your comment will be recorded.  Signature  Date |  |

# For practice use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | | |
| Identity verified by (initials) | Date | Method  Vouching   Vouching with information in record   Photo ID and proof of residence  | | |
| Authorised by | | | Date | |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Date record access enabled | | | | |
| Level of record access enabled  No record access   Core summary (medications and allergies)   Detailed coded records access Specify below   |  |  |  |  | | --- | --- | --- | --- | | Read coded data |  | Free text |  | | Immunisations |  | n/a | | Lab test results |  | YN  | | Problems |  | NO | | Consultations |  | NO | |  | | | | | Documents – NO ACCESS |  | |  | | | | | Notes / explanation |

V5 27 January 2016