



**PARK ROAD  
GROUP PRACTICE**  
Park Road, Heatherside and Old Dean Surgeries

## Application for online access to my medical record

Surname	Date of Birth
First name	
Address	
<b>PLEASE BRING 2 <u>SEPARATE</u> FORMS OF ID, ONE PHOTO, ONE ADDRESS</b>	
Email address (unique per user)	
Telephone number	Mobile number

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<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-----

For Practice use only

Patient NHS number		Emis 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"/>
DCR Access authorised by			Date
Date account created			

**PLEASE HAND TO CATHY/KIM AT HEATHERSIDE**