

**ORCHARD HOUSE SURGERY**  
**Fred Archer Way**  
**Newmarket, CB8 8NU**

## 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 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
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### For practice use only

Patient NHS number:		Method:	
Identity verified by (name):		Vouching with information in record <input type="checkbox"/>	
Date:		Photo ID and proof of residence <input type="checkbox"/>	
Authorised by:			Date:
Date account created:			
Date passphrase sent:			
Level of record access enabled:		Notes / explanation:	
All <input type="checkbox"/>		As full list	
None <input type="checkbox"/>		No access granted	

GP	AVL / RA
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