Castle Donington Surgery

53 Borough Street, Castle Donington, Derby, DE74 2LB
01332 856050
castledoningtonsurgery@nhs.net

Application for Patient Online Access

First name(s):	Date of Birth:
Surname:	
Address:	Postcode:
Email address:	
Home telephone number:	Mobile number:

I wish to have access to the following online service (please tick):

Appointment booking	☐
Prescription requesting	☐
!!Password reset only!!	☐
Access to medical records	
1. Your "Summary Care Record"	☐
2. Detailed Coded Records (coded data entered from April 2015 onwards)	☐
3. Full access to medical records (entries made from this day forward)	☐
FULL RETROSPECTIVE ACCESS TO YOUR MEDICAL RECORD IS CURRENTLY NOT AVAILABLE AT THIS PRACTICE	

I wish to have access to Patient Online Services and understand and agree with each statement (please tick):

1. I understand that requests to access medical records may take up to 28 days to be completed	☐
2. I have read and understood the information leaflet provided by the practice	☐
3. I will be responsible for the security of the information that I see, print or download	☐
4. If I choose to share my information with anyone else, this is at my own risk	☐
5. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
6. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
7. 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	☐

Patient Signature:	Date:

For practice use only -
Please complete page overleaf

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!!FOR PRACTICE USE ONLY!!

Patient NHS number:	Patient identification verified by (Print Name):
Date:	**Method:** Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐ Passport ☐ Driving licence ☐
Authorised by:	**Date:**

Date account created:

Date passphrase sent to patient:

Level of record access enabled: Appointment ☐ Prescriptions ☐ Summary Care Records ☐ Detailed coded records ☐ Full PROSPECTIVE records ☐ Other – See notes ☐	Notes / explanation:
Clinically Assured by: (if needed)	**Date:**

Reason for refusal if record access is refused after clinical assurance: