

# BRADFORD ON AVON & MELKSHAM HEALTH PARTNERSHIP

## Application for online access to my read coded medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address Please tick if you are happy to receive e-mails from the practice. See e-mail communications leaflet for more information. <input type="checkbox"/>	
Telephone number:	Mobile number: Please tick if you consent to the surgery contacting you by text message <input type="checkbox"/>

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"/>

I wish to access my read coded 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 Matthew Glass at the practice as soon as possible	<input type="checkbox"/>
6. I am aware that access to read coded medical records is not automatically given and some requests are refused. The surgery will always provide a reason for this.	<input type="checkbox"/>

Signature	Date
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### For Front Desk use only

Patient NHS number		
Identity verified by (initials)	Date Verified	Method of Identification Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
For Matthew Glass's use only Authorised by (signature):		Authorised by GP <input type="checkbox"/> GP's Initials: Date:
Other Comments:		