

Norton Medical Centre

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/information on the practice website	<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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During busy periods we will be unable to process your application straight away. Please indicate how you would like to receive your login details:

1. Post	<input type="checkbox"/>
2. Email	<input type="checkbox"/>
3. SMS (text message)	<input type="checkbox"/>

N.B. If you have requested access to your medical records, this will need to be reviewed by a GP before access can be granted. This may take up to 21 days.