

Please tick one box:

- Application for online access to my medical record
(I do not yet have an account)
- Application to CHANGE my level of online access to my medical record
(I am already using The Waiting Room)

Surname	Date of birth
First name	
Address	
Postcode	
Email address (Print Clearly):	
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"/>

Your online medical record will include your Summary Care Record (SCR), unless you have previously opted out of having a SCR, your Medications and Vaccinations and your detailed Coded record (which includes any diagnosis or medical conditions).

I confirm that I understand and agree with each statement (tick)

We are unable to process any applications where a patient does not agree to all of the statements below

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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<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"/>
6. 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.	<input type="checkbox"/>

**please pick up a leaflet from the surgery reception or view it online at <http://www.lissongroveandwoolwellmc.co.uk/doitonline.aspx>*

Signature:	Date:
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For practice use only (For CHANGE of access to existing users, identity verification is not required)

Patient NHS number		Practice computer ID 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"/>	
Authorised by		Date	
Level of record access enabled All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>		ID Verification Documents / Notes / Confirmation of Vouch:	