

Northdown Surgery
Dr J Geevarghese
Dr A Peshen
Dr M Wolny

Request for Online Access to my medical record

Surname	Date of birth
First name	
Address	
Postcode	
Email address:	
<i>Please note that each Patient Account access must have a separate email address associated with it – there is no facility to be able to share email addresses with other members of the family.</i>	
Telephone number	Mobile number

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"/>
6. I enclose the necessary compulsory photo ID required	<input type="checkbox"/>
7. I enclose the necessary compulsory recent proof of address, bill, statement etc.	<input type="checkbox"/>
Signature	Date

For practice use only

Patient NHS number:		EmisWeb number:	
Identity verified by:	Date:	Method of ID	
		Photo ID and recent proof of residence	<input type="checkbox"/>
		ID and recent proof of residence	<input type="checkbox"/>
		Vouching	<input type="checkbox"/>
		Vouching with information in record	<input type="checkbox"/>
Access given by:			Date

6th November 2018