



Online Access Request Form

Ruby Country Medical Group

Holsworthy Medical centre, Dobles Lane, Holsworthy EX22 6GH Tel: 01409 253692
 The Medical Centre, Hospital Road, Stratton, Bude, Cornwall. EX23 9BP Tel: 01288 352133
 Hatherleigh Medical Centre, The Old Bank, Bridge Street, Hatherleigh, Devon, EX20 3HZ Tel: 01409 253692

Surname				Date of birth	
First names					
Address					
Post code		Email			* <input type="checkbox"/>
Telephone		Mobile			* <input type="checkbox"/>

* Please tick after email / Mobile if you consent to the practice contacting you about appointments and health campaigns.

I wish to have access to the following online services *(Please tick all that apply)*

Appointment booking	<input type="checkbox"/>	Request repeat prescriptions	<input type="checkbox"/>
Basic access to my medical record	<input type="checkbox"/>	Demographics, Allergies/Adverse Reactions, Medication (dose, quantity and last issued date)	
Detailed access to my medical record <i>(Requires authorisation by your GP)</i>	<input type="checkbox"/>	(Basic access + Immunisations, Results (numerical values and normal range), Values (BP, PERF), Problems/Diagnoses, Procedure Codes (medical or surgical) and codes in consultation (signs, symptoms), Codes showing referral made or letters received (no attachments), Other Codes (ethnicity, QOF)	
Full Clinical Record <i>(Requires authorisation by your GP)</i>	<input type="checkbox"/>	Text consultations & Record attachments (available from the date the records have been reviewed until) plus detailed access.	

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 Medical Centre.	<input type="checkbox"/>
2. I will be responsible for 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 Medical Centre 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 Medical Centre as soon as possible.	<input type="checkbox"/>
6. If I think that I may or have come under pressure to give access to someone else unwillingly, I will contact the Medical Centre as soon as possible.	<input type="checkbox"/>
Signature	Date

For practice use only

Patient NHS No.		Practice computer ID No.	
Identity Photo ID and proof of residence seen (Passport, Driving licence etc)		Verified by	Date
Access authorised by (Reception):		Date	
Detailed Access by GP		Reason not approved	
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>		
Signed		Date	
Level of record access enabled	Notes		
Appointments <input type="checkbox"/>			
Repeat requests <input type="checkbox"/>			
Basic record access <input type="checkbox"/>			
Detailed record access <input type="checkbox"/>			
		Enabled Date / By	