

Herts & Essex Hospital, Cavell Drive, Haymeads Lane Bishops Stortford, Hertfordshire, CM23 5JH. Tel: 01279 594450

Application for Online Access to my Medical Record

Surname:	First name:			
Date of birth:	Email address:			
Address:				
	Postcode:			
Home Tel: Mobile:				
I wish to have Detailed Access to parts of my Medical Record via 'Online Services'				
I wish to access my Medical Record online and understand and agree with each statement below (tick)				:
I have read and understood the information leaflet provided by the Surgery.				
I will be responsible for the security of the information that I see or download.				
If I choose to share my information with anyone else, this is at my own risk.				
I will contact the Surgery as soon as possible if I suspect that my account has been accessed by someone without my agreement.				
If I see information in my record that is not about me or is inaccurate, I will contact the Surgery.				
I understand the Surgery will inform me of the outcome of my application once this has been assessed by the GP.				
Signature: Date:				
Photographic I.D. is to be provided to the Reception Team at the time of returning your completed application (i.e. Passport / Driving licence)				
For use of Practice Reception only:				
Patient NHS number:	Date application received:			
Identity Verified: Staff Initials (capitals): Photo I.D. Seen []				
For Completion by Authorising Clinician only:				
Authorising Clinician Signature:			Date:	
Access to Patients Detailed Coded Record: Approved / Declined (please circle)				
If approved-Level of Proxy Access: All coded content authorised: [] or coded content authorised from (date):				
Pass form to Reception management for relevant access to be applied in Sys1 & text or letter confirmation to be sent to patient			Date:	
Reception scan form to patient record, then shred			Date:	