



**Church Street Medical Centre**  
 11b Church Street ♦ Eastwood ♦ Nottingham ♦ NG16 3BS  
 Tel: 01773 712065 Fax: 01773 534295  
 www.churchstreetmedicalcentre.com



## 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 my full online medical record:

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"/>

Signature	Date
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### For practice use only

Patient NHS 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"/>
Authorising GP:		Date
Date account created		
Date passphrase sent		
Level of record access enabled Contractual minimum <input checked="" type="checkbox"/> Other.....		Notes / explanation

Ref: S:\CHURCH STREET\INFORMATION CS\ADMIN FORMS\Consent Form – Patient Access to Records

VAT Registration No: 878 5386 57

Dr P M Exley ♦ Dr J D S Walker ♦ Dr N S Atkinson ♦ Dr F Akbari ♦ Dr C D Smith ♦ Dr P Scullard