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

NHS
Nottingham West
Clinical Commissioning Group

APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

Surname: | Date of Birth:

First Name:

Note: once a child reaches 16 years old access will be removed and they will need to independently re-register.

Address:

Postcode:

Telephone no: | Mobile:

I wish to have access to the following online services (please tick all that apply):

1. Booking Appointments ☐
2. Requesting repeat prescriptions ☐
3. Accessing my summary medical record **Note**: For full access to your records please complete separate form ☐
4. I am aware that to enable the practice to process this application I will need to provide two forms of identification one of which must be a photo id. ☐

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 ☐
2. I will be responsible for the security of the information that I see or download ☐
3. If I choose to share my information with anyone else, this is at my own risk ☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement ☐
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 ☐

Signature: | Date:

For practice use only

Patient NHS number:

Identity verified by: | ***Method:*** ***Vouching:*** ☐

(initials) ***Vouching with information in record:*** ☐

Date: ***Photo Id and proof of residence (New registrations)*** ☐

Scanned to records by: | ***Date:***

(initials)