St Johns Group Practice,
Greenfield Lane, Balby, Doncaster, DN4 0TH

Application for online access to my medical record

**** Access to Appointments, Prescriptions ****

*If you wish to have access to your medical record **(DCR)** then you must complete the separate registration form*

Surname	Date of Birth
First name	
Address Postcode	
Email address	
Telephone Number	Mobile Number

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

1	Booking appointments	☐
2	Requesting repeat prescriptions	☐

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		Practice computer ID number
Identity verified by (Initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Authorised by		Date
Date account created		
Date pass phase sent/handed to patient		
Level of record access enabled Prospective ☐ Retrospective ☐ All ☐ Limited Parts ☐ Contractual minimum ☐		Notes/explanation