

## The Quarter Jack Surgery

### Application for online access to my medical record

<ul style="list-style-type: none"> <li>• Surname</li> </ul>	<ul style="list-style-type: none"> <li>• Date of birth</li> </ul>												
<ul style="list-style-type: none"> <li>• First name</li> </ul>	<ul style="list-style-type: none"> <li>• NHS No.</li> </ul>												
<ul style="list-style-type: none"> <li>• Address (including postcode)</li> <li>•</li> </ul>													
<ul style="list-style-type: none"> <li>• Email address (by providing this we will assume permission to include with details passed to the National Spine)</li> <li>•</li> </ul>													
<ul style="list-style-type: none"> <li>• Telephone number</li> </ul>	<p style="text-align: right;"><b>Please tick one option as preferred method of contact</b> <input type="checkbox"/></p>												
Mobile phone number: (by providing this we will assume permission to include with details passed to the National Spine) <input type="checkbox"/>													
<p style="color: red;"><b>I give consent for reminders/messages to be sent as SMS text messages to the mobile telephone number on my records Signature:</b></p> <p>.....<input type="checkbox"/></p>													
<p><b>*I wish to have access to the following <b>online</b> services (please tick all that apply):</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Booking appointments</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Requesting repeat prescriptions</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Completing questionnaires</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Accessing my basic medical record (currently only the 'Summary Record' is available)</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Please contact me when the 'detailed record' option becomes available</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>		Booking appointments	<input type="checkbox"/>	Requesting repeat prescriptions	<input type="checkbox"/>	Completing questionnaires	<input type="checkbox"/>	Accessing my basic medical record (currently only the 'Summary Record' is available)	<input type="checkbox"/>	Please contact me when the 'detailed record' option becomes available	<input type="checkbox"/>		
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<ul style="list-style-type: none"> <li>• I wish to access my medical record online and understand and agree with each statement (tick)</li> </ul> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1. I have read and understood the information leaflet 'QJS Online Services Records Access' provided by the practice</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2. I will be responsible for the security of the information that I see or download</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3. If I choose to share my information with anyone else, this is at my own risk</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>5. If I see information in my record that I believe to be an error, I will contact the practice as soon as possible</td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>6. I understand that I will need to give my consent again to include the 'Detailed coded/Full Clinical' record' option when available</td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>		1. I have read and understood the information leaflet 'QJS Online Services Records Access' 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 I believe to be an error, I will contact the practice as soon as possible	<input type="checkbox"/>	6. I understand that I will need to give my consent again to include the 'Detailed coded/Full Clinical' record' option when available	<input type="checkbox"/>
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**Access to Online services is available for patients aged 16+.**

**Log-in details will be given only to the patient when ID verified. 2 separate forms of ID required.**

**For office use only:**

Identity verified by (name of staff member)	Date	Method – record Passport number etc Photo ID ..... & proof of residence ..... Or vouching ..... Or vouching with information in record..... (ID documents must NOT be scanned into the record)
Username/Password -	Given directly to patient <input type="checkbox"/> Posted to patient <input type="checkbox"/>	<b>Record Start Date</b>
Appointment booking <input type="checkbox"/> View Summary Record <input type="checkbox"/>	Ordering Medication <input type="checkbox"/> View questionnaires <input type="checkbox"/>	

*SCAN TO NOTES under Read Code Heading 'Registered for online access to local practice' Xabui*