

Westerhope Medical Group

377 Stamfordham Road
Westerhope
Newcastle upon Tyne
NE5 2LH
Telephone (0191) 2437000
Fax (0191) 2437006

*Dr A J Smith
Dr A P Thompson
Dr N J Wild
Dr P M Coipel*

Application for online access to my medical record

| | |
|------------------|---------------|
| Surname | Date of birth |
| First names | |
| Address | |
| Postcode | |
| Email address | |
| Telephone number | Mobile number |

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

| | |
|------------------------------------|--------------------------|
| 1. Booking appointments | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions | <input type="checkbox"/> |
| 3. Accessing my medical record | <input type="checkbox"/> |

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 |
|-----------|------|

Branch Surgeries

452 Denton Road
Denton Burn
Newcastle upon Tyne
NE15 7HD
Telephone - (0191) 2411101

Blakelaw Clinic
Springfield Road
Newcastle upon Tyne
NE5 3DS
Telephone - (0191) 2380018

For practice use only

| | | | |
|---|------|--|--|
| Patient NHS number | | Emis Web number | |
| Identity verified by (staff member) | Date | Method <div>Vouching <input type="checkbox"/></div> <div>Vouching with information in record <input type="checkbox"/></div> <div>Photo ID and proof of residence <input type="checkbox"/></div> | |
| Authorised by | | Date | |
| Date account created | | | |
| Date passphrase sent | | | |
| Level of record access enabled <div>Prospective <input type="checkbox"/></div> <div>Retrospective <input type="checkbox"/></div> <div>All <input type="checkbox"/></div> <div>Limited parts <input type="checkbox"/></div> <div>Contractual minimum <input type="checkbox"/></div> | | Notes / explanation | |