



# The James Cochrane Practice

## Online Medical Record Access - Full Registration

By completing this form, you are asking to make your information we hold in Practice available to you securely over the internet. This information includes your consultations, test results, documents/hospital correspondence, immunisations, medications, and medical problems.

Your information will not be made available without your permission. If you decide to withdraw it, it will not affect your treatment in any way.

FIRST NAME	
SURNAME	
DATE OF BIRTH	
ADDRESS	
EMAIL ADDRESS	
MOBILE NUMBER	

*Please note: you MUST complete all sections above to register for online access to your medical record*

### APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

We provide full access to records from 31/03/2016. If you require access to information from earlier dates, please speak to the Care Navigator at the desk.

Please read and understand the following before signing this form:

1. **Coercion** – If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
2. **Security** – It is your responsibility to ensure your log in details are kept private and confidential. If you choose to share your details, this is at your own risk.
3. **Errors in your record** – If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.
4. **Forgotten history** - There may be something you have forgotten about in your record that you might find upsetting, or that you don't want family members to see.
5. **Abnormal results or bad news** - you may see something that you find upsetting to you, and this may occur before you have spoken to your doctor or while the surgery is closed, and you cannot contact them.
6. **Misunderstood Information** - your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

**PLEASE TURN OVER**



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7. **Diagnosis** - Sometimes you may see different or more than one possible diagnosis in your medical record, your doctor may put different or more than one diagnosis in your record in order to help plan diagnostic tests and treatments to rule out conditions.

**Please note:**

- Online access to some areas may be restricted for patients that have been registered with the practice for less than 3 months at the date of application.
- A GP may wish to review the record and discuss the content with the patient prior to authorising access, all GPs reserve the right to refuse online access to a patient's medical record.

### CONSENT

Please tick if you are happy to receive communication from the Practice via text message. <i>(on the mobile phone number indicated above)</i>	<i>9NDP</i>	<input type="checkbox"/>
Please tick if you are happy to receive communication from the Practice via email. <i>(on the Email address indicated above)</i>	<i>9NDS</i>	<input type="checkbox"/>

### PATIENT DECLARATION

I confirm that I understand and accept the above statements and the details I have provided are accurate.

PRINT NAME			
SIGNATURE:		DATE:	

### IDENTITY VERIFICATION (PRACTICE USE ONLY)

<b>ENSURE TWO SEPERATE FORMS OF ID ARE SEEN</b>	Vouching	Name of staff member who has seen ID:		Date:
	Documentation	Document 1 (Photo ID):	Document 2 (Proof of Address):	
Date account created:				
Date pass phrase sent:				
Emis number:				
Registration completed by: (staff name)				