Bournbrook Varsity Medical Centre

**1A Alton Road, Selly Oak, Birmingham B29 7DU**

**Tel: 0121 472 0129**

***Open Monday to Saturday***

***Dr C Allen, Dr M Swallow, Dr A Dungate, Dr S Clarke - Partners***

***Dr M Philp, Dr A Nijjar, Dr H Cole, Dr S Ali, Dr J Tatlock, Dr N Ahmad, Dr N Grant, Dr H Sukkar - Associates***

**Online Medical Records Access:**

**Adult Registration Form**

|  |  |
| --- | --- |
| **Surname**  | **First Name**  |
| **Date of Birth**  |
| **Address** | **Post Code**   |
| **Email Address**  |
| **Telephone Number**  | **Mobile Number**  |
| *I wish to have access to the following online services (please tick all that apply):* |
| 1. **Booking Appointments**
 | □ |
| 1. **Requesting Repeat Prescriptions**
 | □ |
| 1. **Accessing my Medical Record**
 | □ |
| *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**
 | □ |
| 1. **I will be responsible for the security of the information that I see or download**
 | □ |
| 1. **If I choose to share my information with anyone else, this is at my own risk**
 | □ |
| 1. **If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible**
 | □ |
| 1. **If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible**
 | □ |
| 1. **If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.**
 | □ |
| **Signature:** | **Date:**  |

*(Page 2 is for Practice Use Only)*

**For Practice Use Only**

|  |  |
| --- | --- |
| **Patient NHS number**  | **Practice computer ID number** |
| **Identity verified by** **(initials only)** | **Method Used**  | 1. **Vouching**
2. **Vouching with information in record**
3. **Photo ID and proof of residence**
 | □□□ |
| **Documentary evidence provided**  |
| **Authorised by**  | **Date** |
| **Date account created** |
| **Date login credentials emailed/given** |
| **Level of record access enabled** 1. **Detailed coded report** □
2. **All prospective** □
3. **All retrospective** □
4. **Other limited parts** □
 | **Notes / explanation**  |
| **Date clinical assurance completed**  | **Assured by (initials only)** |
| **Reason for refusal if record access is refused after clinical assurance:** |