Grafton Road Surgery
Solihull Lodge, 11 Grafton Road, Shirley, Solihull, West Midlands, B90 1NG
0121 474 4686

Access to GP Online Medical Records

Surname		**Former Name**	
Forename		**Title**	
Date of Birth		**Telephone Number**	
Address		**Postcode**	

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

Detailed Coded Record	
Full Medical Record	

I wish to access my medical record online and both understand and agree with each of the following statements (tick):

I have read and understood the information leaflet provided by the organisation	
I will be responsible for the security of the information that I see or download	
If I choose to share my information with anyone else, this is at my own risk	
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	
If I see information in my record that is not about me or is inaccurate, I will contact the organisation as soon as possible	
I understand there may be something that I have forgotten about in my record that I might find upsetting	
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	

Patient Signature		**Date**	

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide a forms of photo identification, this can include a passport, photo driving licence or national identity card. We will not be able to set up access without this.

Please speak to reception if you are unable to provide this.

Additional Notes:

Before returning this form please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirm your identity by a countersignature
- Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

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For Office Use Only

Identification verification must be verified through photo identification. Where this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used.

Request received		Request completed	
Request refused		Patient informed	
Comments			
Identity verified by		Date	
Identify method			
□ Photo ID – Type_____ □ Vouching – By Whom_____ □ Vouching with record – By Whom_____			
Date account created		Date password sent	

Clinical assurance completed:	
Date:	

Scanned to record by:	
Date scanned:	
Read Code Xabui added:	