Terrington Surgery

North Back Lane

Terrington

York

YO60 6PS

Tel: 01653 648260

Fax: 01653 648267

# Application for online access to my medical record

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Address INCLUDING POST CODE please   |
| Email address |
| Telephone number | Mobile number |

I wish to have access to REQUESTING REPEAT PRESCRIPTIONS online 🞏

|  |  |
| --- | --- |
| 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 | 🞏 |
| 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
 | 🞏 |

|  |  |
| --- | --- |
| Signature | Date |

Are you? SMOKER 🞏 EX-SMOKER 🞏 NEVER SMOKED 🞏

If you are a smoker, would you like help to stop?

### For practice use only

|  |  |  |
| --- | --- | --- |
| Staff please initial here when ID checked  | Date | How did you check?🞏 Vouching – patient known to you 🞏 Vouching - with information in record 🞏 Photo ID and proof of residence seen |
| Date account created & passphrase preparedSigned by Staff  |
| Level of record access enabled Prescription Requests Only 🞏    | Notes / explanation |