Henley-in-Arden Medical Centre

Application for online access to my medical record

If you want to register to use the Patient Access Medical Record Viewer, please complete this form and hand it in at reception together with 2 forms of ID (see ***Guide for Patients*** for details). One must be a form of photo ID.

Surname	Date of birth
First name	
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	☐
2. Requesting repeat prescriptions	☐
3. Limited access to parts of 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	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
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	☐

I have read and understood the information in the *Guide for Patients* and I consent to the practice giving me access to my electronic health record via the internet, subject to the information in the guide.

Signature	Date