

## Beacon Surgery Application for Access to Detailed Coded Record Over 18 Only

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

### Application for On Line Access to Detailed Medical Record

I wish to apply for access my medical records online. I confirm that I am over 18, have read, understand and agree with each statement below and have initialed each line to confirm my agreement

Access to medical records is subject to the approval of the surgery and may take 21 days to process after receipt of my medical records

1. I will be responsible for the security of the information that I see or download	
2. If I choose to share my information with anyone else, this is at my own risk	
3. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	
4. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	

Signature		Date	
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#### For practice use only

Identity verified through (tick all that apply)	Photo ID <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			
Date PIN sent			