

Patient Access Registration Form



Please complete this form in block capitals and return it to reception in person

Surname			
First Name			
Date of Birth			
Address			
Postcode			
Email Address			
Telephone No.		Mobile Number	

There are two different types of Patient Access available, as detailed below.

Standard Access	Detailed Coded Record Access
<ul style="list-style-type: none"> Booking appointments Requesting repeat prescriptions Updating demographic info (e.g. contact details) Viewing your allergies Viewing your medication <p>Additional Access under Standard Access:</p> <ul style="list-style-type: none"> Viewing your immunisations <p><i>Registration will take 10 working days at most</i></p>	<p>All actions as listed under <i>Standard Access</i>, as well as:</p> <ul style="list-style-type: none"> Patient medical problems Viewing consultations Viewing medical documents Viewing test results <p><i>Registration will take 30 working days at most</i></p>

I am requesting: Standard Access Standard Access with Additional Access
 Detailed Coded Record Access **(tick as appropriate)** and confirm that:

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 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 the record that is not about me, or is inaccurate, I will contact the practice as soon as possible. I will treat any information not about me as confidential.
5. I have read and understood the information leaflet provided by the practice.

Patient Signature		Date:	
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Name and signature of staff processing		Date:	
Confirmation of identity vouched for and method			

Identity can be vouched for by a member of the Concord Medical Centre team who knows the patient and can verify their identity. If the patient is unknown to the staff member, ID documents will suffice.