# Patient Online: Retrospective registration Form

**Historic access to GP online records**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| First name |  | | |
| Date of birth |  | | |
| Telephone No. |  | Emis No. |  |

# Application for online access to my HISTORIC medical record

I wish to access my medical record online and understand and agree with each statement (please tick)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible | | | | 🞏 |
| Signature |  | Date |  | | |
| Dates requesting from: | From: |

### For practice use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has identity been verified previously? Yes 🞏 No 🞏 | | | | | |
| **If Yes** enter date previously identified  and the form of ID used | | |  | | |
| **If No –** need to verify – use form below to capture | | | | | |
| Identity verified through | **Either** Photo ID 🞏 DL / Passport -  (circle which one seen)  **OR** Other Photo ID 🞏 ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **&** Proof of Address 🞏 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Name of verifier | Date |
| Now pass form to Deb Harris (for checking) – then pass to Admin Team to process | | | | | |
| Spreadsheet - authorisation log updated 🞏 | | | |  | |
| Access to medical records updated 🞏 | | By: | | Date | |