

## Shefa Medical Practice

Dr Docrat & Partner  
St Peters Health Centre  
Sparkenhoe St  
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Tel: 0116 295 7835



### ONLINE ACCESS TO HEALTH RECORDS REQUEST

In accordance with the UK General Data Protection Regulation (UK GDPR)

#### **Section 1: Patient details**

<b>Surname</b>		<b>Title</b>	
<b>Forename</b>		<b>Date of birth</b>	
<b>Address:</b>			
<b>Postcode:</b>		<b>Mobile no.</b>	
<b>NHS No.</b>		<b>Tel no.</b>	

#### **Section 2: Record requested**

I wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical records	<input type="checkbox"/>

I wish to access my medical record online and both understand and agree with each of the following statements (tick):

I have read and understood the information provided by the organisation	<input type="checkbox"/>
I understand that I will automatically see any new information (prospective records) that is added to my healthcare record.	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the organisation as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible	<input type="checkbox"/>

<b>Patient signature</b>		<b>Date</b>	
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#### **Proof of identity**

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide two forms of identification, one of which must be photographic identification before access can be set up. Before returning this form, please ensure that you have Signed and dated the form. Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.