

# Stainland Road Medical Centre



70 Stainland Road, Greetland, Halifax, HX4 8BD. Tel: 01422 374109

[www.stainlandroadmedicalcentre.co.uk](http://www.stainlandroadmedicalcentre.co.uk)

Dr EL Hammond

Dr S Martin

Dr F Azam

Dr S Asfand-E-Yar

Dr M Sowden

Dr J Ring

## Application for online access to my medical record

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

**We will only use this information to contact you in connection with your medical care.**

**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	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
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	<input type="checkbox"/>

Signature	Date
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### For practice use only

Patient NHS number		
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled  All <input type="checkbox"/> Limited parts <input type="checkbox"/>	Notes / explanation	