



Rothschild House Surgery

Chapel Street, Tring, Herts, HP23 6PU
Tel: 01442 822468 Fax: 01442 825889
www.rothschildhousesurgery.co.uk

Application for online access to medical records

Surname:	First Name:
Date of birth:	
Address:	
Postcode:	
Email address:	
Telephone no.	Mobile No.

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"/>
Accessing my medical records	<input type="checkbox"/>

I wish to access my medical records online and understand and agree with each statement below (please tick all that apply):

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 Surgery 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 Surgery as soon as possible	<input type="checkbox"/>

Signature:	Date:
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For Surgery Use Only

Patient NHS No.	Computer ID No.
Identity verified by (initials):	Method: Vouching with information Photo ID and proof of residence
Date:	Notes:

Drs: A.J.R. Wainwright, P. Sissou, A. Gupta, S. Osbond, R. Choudhury, J. Hykin, T. Sacca,
J. Crabtree, R. Ravichander, S. Gallagher