|  |  |
| --- | --- |
| S:\~Old_server_data\Shared\Claire\images\lighthouseb&w4.gif | **The Lighthouse Medical Practice**  6 College Road, Eastbourne, BN21 4HY – 01323 735044  Milfoil Drive, Langney, Eastbourne, BN23 8BR – 01323 766358  **Website:** [**www.lighthousepractice.co.uk**](http://www.lighthousepractice.co.uk/)  **Email:** [**lighthousepractice@nhs.net**](mailto:lighthousepractice@nhs.net) |

**Application for online access to my medical record**

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

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

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. Accessing my medical record |  |

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

Signature

Date

v4 4 February 2015