



# The Stennack Surgery

The Old Stennack School, St. Ives, Cornwall, TR26 1RU  
Tel: 01736 793333

## Online Services Application Form

Please return this completed form along with a copy of your photo ID and proof of address to Stennack Surgery by email [stennacksurgery@nhs.net](mailto:stennacksurgery@nhs.net) or posting your form to us, or returning it in person.

<b>Surname</b>	<b>Date of birth</b>
<b>First name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email address</b>	
<b>Telephone number</b>	<b>Mobile number</b>

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

Book Appointments	<input type="checkbox"/>
Request Repeat Prescriptions	<input type="checkbox"/>
Update my Contact Details (Demographics)	<input type="checkbox"/>
Medical Record Access to: Allergies & Medication	<input type="checkbox"/>

Once your online access is set-up if you would like more detailed access to your medical records please email [stennacksurgery@nhs.net](mailto:stennacksurgery@nhs.net) to request access to Immunisations, Laboratory test Results, Coded Medical Information and Future Medical Record Access to: Documents, Consultations & free text added to your medical records and we will get in touch.

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

I have read and understood the information provided by the practice	<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"/>
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<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"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

<b>Signature</b>	<b>Date</b>
------------------	-------------

Please return this completed form along with a copy of your photo ID and proof of address to Stennack Surgery by email [stennacksurgery@nhs.net](mailto:stennacksurgery@nhs.net) or posting your form to us, or returning it in person.

### For Stennack Surgery use only

EMIS ID number		
Identity verified by:	Date:	<b>Method</b> <ul style="list-style-type: none"> <li>• Personal Vouching for who patient is</li> <li>• Photo ID &amp; proof of Address</li> </ul>
Date online account created:		
Date registration details sent to patient:		
Basic medical record access enabled <ul style="list-style-type: none"> <li>• Appointments &amp; Medication only</li> <li>• Allergies/Medications</li> </ul>	Access Granted by Patient Support Co-ordinator:	
Detailed medical record enabled <ul style="list-style-type: none"> <li>• Test Results/ Immunisations/Codes</li> <li>• Future Free Text, Consultations &amp; Documents</li> </ul>	Should only be granted once above access set-up and once email received from patient requesting detailed access.	