FURNACE GREEN SURGERY

Tel: 01293 611063

Dr Sue Chorley 50 The Glade

Dr Paul Vinson Furnace Green

Dr Katie Weedon Crawley, W Sussex

Dr Olu Obileye RH10 6JN

**Online Access Request Form**

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

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

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in my record that it not about me, or is inaccurate, I will log out immediately and contact the Practice as soon as possible | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

### For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Verbal ID 🞏 | Name of verifier | Date |
| Name of person who authorised  (if applicable) |  | | Date |
| Date account created |  | | |
| Date passphrase sent |  | | |