Chapel Street Medical Centre Application form for Online Services

Surname				
First Name				
Date of Birth				
Address				
Postcode				
E-mail Address				
Telephone		Mobile Number		
Number				
I wish to have access to the following online services (please tick all that apply):				
1. Booking appoin	ntments			
2. Requesting rep	eat medications			
3. Completion of questionnaires				
4. Summary record access				
5. Detailed coded record access (please note, this needs to be requested via the				
online system once the above access has been granted)				_
Should I request access to my 'Detailed Coded Record' (please see overleaf for details of what this includes) via the online system, I understand and agree with each statement (please tick):				
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Access to Detailed Coded Records includes, where applicable:-

- Blood pressure readings
- Diagnoses
- Medication
- Drug sensitivities
- Pathology test requests and results
- Vaccinations

Text entered by the GP and / or communications or letters from 3rd parties (e.g. hospital consultants) **IS NOT INCLUDED** in the Detailed Coded Records

If you need more detail than the Detailed Coded Record provides, you should submit a Subject Access Request to the practice for a copy of your records under Data Protection. We will not charge for the first request of information but subsequent requests may incur a charge.