

ROSMELLYN SURGERY

St Clare Medical Centre, St Clare Street, Penzance, Cornwall, TR18 3DX Telephone: 01736 330909 Email: nhskernowccg.rosmellynpenzanceitk@nhs.net Dr C J Rowe Dr B W Penfold Dr K L A Tunstall Dr E A Schwarz

Online Services Application Form

Patient Details - over 16 years

Please return this completed form along with a copy of your photo ID and proof of address to Rosmellyn Surgery by email nhskernowccg.rosmellynpenzanceitk@nhs.net or posting your form to us, or returning it in person.

form to us, or retu	urning it in person.		
Surname		Date of Birth	
First name			
Address			
Desterda			
Postcode Email address			
Telephone number		Mobile number	
When you have signed up to Patient Access on your smart phone or computer, or on the			
NHS App on your smartphone you will be able to access your Repeat Prescriptions and Allergies.			
Once your online access is set up, if you would like more detailed access to your medical			
records please tick below which, or all you would like to access and return this form to us			
and we will get in touch.			
Immunisations			
Laboratory Test Results			
Future Medical Record Access to Documents & Consultations			
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			
I will be responsible for the security of the information that I see or download If I choose to share my information with anyone else, this is at my own risk			
If I suspect that my account has been accessed by someone without my agreement, I			
will contact the practice as soon as possible			
If I see information in my record that is not about me or is inaccurate, I will contact the			
practice as soon as possible			
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			
Signature		Date	
For Bosmollyn use	anly.		
For Rosmellyn use only Emis ID number			
Identity verified	Date:	Photo ID seen & proof of address	
by:		Personal vouching for who patient is	
		(must be themselves)	
Data access grant	tod:	Signed:	
Date access grant			
Detailed medical record enabled		Should only be granted once Patient Access or	
Test Results, Immunisations, Clinical Codes, future free text, consultations & documents		NHS App is set up and they have requested detailed access.	
Tuture free text, co	distributions & documents	detailed access.	