

## 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

Date of Birth

## **Online Services Application Form**

## **Patient Details**

Surname

This is the person whose records are being accessed by a Proxy

The patient reserves the right to reverse any decision made in granting proxy access at any time, understands the risks allowing someone else to have their health record.

First name		
Address		
Postcode		
Email address		
Telephone number		Mobile number
understand and	d agree with each statess my medical record o	cess my medical record online and ement. Inline and understand and agree with each
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		
Patient Signature		Date
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)
		(must be triemseives)
Date access granted:		Signed:
Detailed medical record enabled		Should only be granted once Patient Access or
Test Results, Immunisations, Clinical Codes,		NHS App is set up and they have requested
future free text, consultations & documents		detailed access.