

Application form for online access to the practice online services

Surname		Date of birth	
First name			
Address			
Postcode			
Email address			
Telephone number		Mobile number	
I wish to have access to the following online services (please tick all that apply):			
1. Booking appointments		<input type="checkbox"/>	
2. Requesting repeat prescriptions		<input type="checkbox"/>	
3. Accessing my medical record		<input type="checkbox"/>	
I wish to access my medical record online and understand and agree with each statement (tick)			
1. I have read and understood the information leaflet provided by the practice		<input type="checkbox"/>	
2. I will be responsible for the security of the information that I see or download		<input type="checkbox"/>	
3. If I choose to share my information with anyone else, this is at my own risk		<input type="checkbox"/>	
4. 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"/>	
5. 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"/>	
6. 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"/>	
Signature			Date
For practice use only			
Patient NHS number		Practice computer ID number	
Identity verified by (initials)		Method used	
		Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Documentary evidence provided			Date
Authorised by			Date
Date account created			
Date login credentials emailed/given			
Level of record access enabled		Notes / explanation	
Detailed coded record <input type="checkbox"/> All prospective <input type="checkbox"/> All retrospective <input type="checkbox"/> Other limited parts <input type="checkbox"/> <input type="checkbox"/>			
Date clinical assurance completed		Assured by (initials)	
Reason for refusal if record access is refused after clinical assurance.			