# Application for online access

**IDENTIFICATION IS REQUIRED TO PROCESS THIS APPLICATION. Please bring photo ID to reception with this form to request online access**

|  |  |
| --- | --- |
| 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 | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my summary care medical record | 🞏 |
| 1. Accessing my medical record (only available to patients over 18) | 🞏 |

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 | 🞏 |
| 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 is not about me or is inaccurate, I will contact the practice as soon as possible | 🞏 |
| 1. 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 |

*Please provide details of any family members* ***under 16*** *who you wish to access appointments**and prescriptions for using your online access (proxy access):*

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Date of Birth** | **Your relationship (i.e. Mother/Father)** |
|  |  |  |
|  |  |  |
|  |  |  |

### For practice use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identity verified by  (initials) | Date | Method  Vouching 🞏  Vouching with information in record 🞏  Photo ID and proof of residence 🞏 | | |
| Authorised by | | | | Date |
| Date account created & passcode given | | | | |
| Level of record access enabled 🞏  Booking appointments 🞏  Requesting medication 🞏  Summary Care Record 🞏  Accessing detailed coded record (18+ only) 🞏 | | | Notes: | |