



## Patient Access Application Form

Please bring 2 forms of ID when you return the form (E.g. Passport, Driving license or Utility bill.)

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
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### For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>			



## Online Access

The online access offers services such as ordering prescriptions, booking appointments and access to your medical history.

Once the form has been completed this would need to be brought down to the surgery with two forms of ID this includes (one will need to be photo ID):

- Driving license
- Passport
- Utility bill
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This can take up to 2 weeks to be set up, once you have been set up on our computer system you will receive an email to register your account.