

The Group Practice

Application for Online Appointments and Records Access For Patients over the age of 16

Surname		Date of birth	
First name			
Address			
Postcode			
Email address			
Avoid shared email accounts. This email address will be used by your practice to send you notifications and reminders			
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. Accessing summary of medical records ie repeat medication, allergies and reactions	<input type="checkbox"/>
3. Accessing my detailed coded 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<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"/>

Signature	Date
2 forms of ID needed. Please note, one must be photo ID i.e. passport or driving licence and the other recent proof of address i.e. bank statement dated within the last three months or council tax statement.	

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	
Authorised by		Date	
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
No access <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>			