# Application for Online Access

To apply for this service please complete this form and return it to the Surgery in person. You will need to bring photo ID\* and proof of address^. You will need an individual e mail address to apply for the service. Registration details will be e mailed to you. **Please note they expire one month after issue, so if you haven’t activated it by then, you will need to reapply.** If you require online access to Detailed Medical Records, ask for the additional form.

*\*ID needs to show a current photo and signature, eg Current Passport or Driving Licence*

*^ Photocopies will be taken and kept on file*

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address      Postcode | |
| Personal Email address (not shared): | |
| Telephone number | Personal 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 Online Summary (Medications & Allergies) **(#93440)** | 🞏 |

**I wish to use Online Services. Please read each statement carefully and tick before signing.**

|  |  |
| --- | --- |
| 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. I agree to be added to the Patient Group to receive information and surveys about the Practice | 🞏 |

**I understand and agree with all the above statements:**

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Patient NHS number | | Vision ID number | |
| Identity verified by  (initials) | Date | Method  Vouching 🞏  Vouching with information in record 🞏  **Photo ID and proof of residence 🞏** | |
| Authorised by  **(#91B)** | | | Date |
| Date account created | | | |
| Date registration letter/token sent | | | |
| Level of record access enabled Contractual minimum 🞏 | | | |