**APPLICATION FORM FOR ONLINE ACCESS**

**PLEASE WRITE IN BLACK INK**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: | First Name: | | Date Of Birth: |
| Address including postcode: | | | |
| Email Address: | | | |
| Telephone Number: | | Mobile Number: | |
| \*Consent to text messaging for information re online plus other information regarding your clinical care | | **YES NO** | |

**I wish to have access to the following online services (please tick as appropriate):**

|  |  |  |
| --- | --- | --- |
| Level 1 | Appointments, Repeat Prescriptions |  |
| Level 2 | Above plus Blood Test Results and Detailed Coded Record Access\*(available from 1st April 2018) |  |

*\*Please note record access will be given from the date requested.*

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. If I suspect that my account had been accessed by someone without my agreement I will contact the practice as soon as possible. |  |
| 1. If I see information in my record that is not about me or inaccurate I will contact the practice as soon as possible. |  |

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

Once details have been given please ensure you log into the online system ASAP to ensure the log in details do not expire.

**The practice has the right to remove on-line access to services for anyone that doesn’t use them responsibly.**

**\*This consent also applies to consenting to us texting you information regarding your clinical care.**

**Once we have granted access we will ask EACH patient to come into the practice to collect log in details. This cannot be posted out – if you tick yes to consent to text messaging we can text you when the online log in details are ready to be collect.**

**OFFICE USE ONLY**

RECEPTIONIST WHO HAS SEEN THE ID:

FORMS OF IDENTIFICATION SEEN (CIRCLE AS APPROPRIATE) - ONE MUST BE PHOTO/ONE SHOWING REGISTERED ADDRESS:

PASSPORT OR SIMILAR ID DRIVERS LICENSE (Photo) DRIVERS LICENSE (Paper) UTILITY BILL (NOT A MOBILE BILL) BANK STATEMENT

DATE ACCESS GIVEN: INITIALS: