

Church Lane Surgery

Application for Standard Online Access (16+ years)

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. View my summary care record (medications, allergies and sensitivities)	<input type="checkbox"/>

I wish to access online services 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
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For practice use only

Patient NHS number		
Identity verified by (initials)	Date	Method Photo ID and proof of residence <input type="checkbox"/> <small>(passport or photo driving licence AND or one official letter bearing patients name and address dated within the last three months from any of the following: bank, building society, local council, utility company or landline telephone provider. (Note: a photographic driving licence will suffice for both photo ID AND proof of address))</small>
Level of record access enabled: Standard Access <input type="checkbox"/> Access Declined <input type="checkbox"/>		Reason for decline: Insufficient ID <input type="checkbox"/> Referred to GP <input type="checkbox"/>
Completed by (initials)		Date