

Church Lane Surgery

Application for Enhanced Online Access (16+ years)

Detailed Coded Record only

| | |
|------------------|---------------|
| Surname | Date of birth |
| First name | |
| Address | |
| Postcode | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online service (tick):

| | |
|---|--------------------------|
| 1. View my detailed coded record (<i>subject to authorisation. Allow up to 20 working days for completion of application</i>) | <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 |
|-----------|------|

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> |
| Checked and authorised by GP (initials) | | Date |
| Level of record access enabled: Enhanced 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 |