Church Lane Surgery
Application for Standard Online Access (16+ years)

Please complete this form in block capitals and tick as appropriate

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	
Mobile number	
Select your preferred method of contact: Text / Email / Letter (Please delete as appropriate)	

I wish to have access to the following online services (please tick all that apply):

Booking appointments	☐
Requesting repeat prescriptions	☐
View my summary care record (medications, allergies and sensitivities)	☐
Completing questionnaires	☐

I wish to access my medical record online and understand and agree with each statement (tick):

I have read and understood the information leaflet provided by the practice	☐
I will be responsible for the security of the information that I see or download	☐
If I choose to share my information with anyone else, this is at my own risk	☐
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
If I give my email/ text information I give consent to the practice to contact me via this method	☐

Signature	Date

For practice use only

Patient NHS number	
Identity Verified by (Initials)	Date
Method of ID ☐ Photo ID and proof of residence (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)	
Standard Access: Enabled ☐ Declined ☐	Reason for decline: Insufficient ID ☐ Referred to GP ☐
Completed by (initials)	Date