**Church Lane Surgery**

**Application for Enhanced Online Access (16+ years)**

**Detailed Coded Record only**

 *Please complete this form in block capitals and tick as appropriate*

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| AddressPostcode |
| 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 service (tick):**

|  |  |
| --- | --- |
|  View my detailed coded record ***(subject to authorisation. Allow up to 20 working days for completion of application)*** |  |

 **Please read and confirm you understand and agree with each statement:**

|  |  |
| --- | --- |
|  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 |   |
| SignatureDate |  |

#  For practice use only- Please ensure patient has standard access enabled before commencing with an enhanced access application.

|  |
| --- |
| 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) |
|  **Reception team – Stop here and add patient to eWorkflow** |

|  |  |
| --- | --- |
|  Checked and authorised by GP (initials) | Date |
| Detailed Coded Access:  Enabled  Declined  |  Reason for decline: Insufficient ID  Referred to GP  |
|  Completed by (initials)  | Date |