

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	
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 service (tick):

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):

I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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"/>
If I give my email / text information I give consent to the practice to contact me via this method	<input type="checkbox"/>

Signature	Date
-----------	------

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 <input type="checkbox"/> 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
Standard Access: Enabled <input type="checkbox"/> Declined <input type="checkbox"/>	Reason for decline: Insufficient ID <input type="checkbox"/> Referred to GP <input type="checkbox"/>
Completed by (initials)	Date