# Application for Online Access to Services & Notifications

This service is only available for patients over the age of 18 years.

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

## PLEASE BRING 2 FORMS OF IDENTIFICATION TO PRACTICE WITH THIS FORM:

## 1 X ID WITH PHOTOGRAPH 1X CONFIRMATION OF ADDRESS

**\*Email & mobile number required if you wish to receive notifications of appointments etc.**

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

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record | 🞏 |

**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 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | 🞏 |

**I wish to receive notifications of appointment reminders and blood test results via:**

|  |  |
| --- | --- |
| 1. SMS Text Message Alerts (please circle Yes or No) | Yes / No |
| 1. Email notifications (please circle Yes or No) | Yes / No |

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | | |
| Identity verified by  (initials) | Date | Method  Vouching 🞏  Vouching with information in record 🞏  Photo ID and proof of residence 🞏 | | |
| Authorised by | | | | Date |
| Notification Preferences Checked 🞏  Read Code 9NdP consent for communication via text messaging added 🞏  Read Code 9NdPo consent to receive results by text messaging added 🞏 | | | | |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  Prospective 🞏  Retrospective 🞏  All 🞏  Limited parts 🞏  Contractual minimum 🞏 | | | Notes / explanation | |