

Patient Online Access Registration Form

Patients Aged 16 years and over

FULL ACCESS

Surname			
First Name			
Date of Birth			
Address			
Postcode			
Email Address			
Telephone Number		Mobile Number	

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record (includes the following) <ul style="list-style-type: none"> Problems Medications Test results Immunisations Allergies and Adverse reactions Documents Consultations 	<input type="checkbox"/>

Please note that online access to medical records may require longer to approve.

Application for Online Access to My Medical Record

I wish to access my medical record online and understand and agree with each statement (please 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 log out immediately and contact the Practice, as soon as possible, to inform them.	<input type="checkbox"/>

Signature		Date	
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PLEASE NOTE THAT IN ORDER FOR US TO PROVIDE YOU WITH ONLINE ACCESS YOU MUST PROVIDE US WITH PHOTO ID (ORIGINAL DOCUMENT). IF YOU ARE UNABLE TO PROVIDE PHOTO ID, YOU WILL NEED TO PROVIDE TWO OTHER FORMS OF ORIGINAL IDENTIFICATION DOCUMENTS. PLEASE SEE LIST OF DOCUMENTS ON PAGE 2 FOR FURTHER INFORMATION.

PATIENT ONLINE ACCESS LOGIN DETAILS WILL ONLY BE GIVEN TO PATIENTS IN PERSON.

IDENTITY VERIFICATION

PHOTO IDENTIFICATION (One form of PHOTO ID from the list below.)	Please Tick Document Provided
Current Valid Passport	
Biometric Residence Permit (UK)	
Current valid Driving Licence (UK)	
EU National ID Card	

OTHER FORMS OF IDENTIFICATION DOCUMENTS (Two forms of identification from the following list must be provided if patient does not have a PHOTO ID.)	Please Tick Document Provided
Birth Certificate	
Marriage/Civil Partnership Certificate (UK and Channel Islands)	
Adoption Certificate (UK and Channel Islands)	
HM Forces ID Card (UK)	
Fire Arms License (UK and Channel Islands)	
Bank/Building Society Statement issued within the past 12 months (UK or EEA ONLY)	
Utility Bill (UK) less than 3 months old – NOT Mobile Telephone	
Benefit Statement issued within the past 12 months - e.g. Child Allowance, Pension	
A document from Central/Local Government/Government Agency/Local Authority giving entitlement issued within the past 12 months (UK & Channel Islands) e.g. from the Department for Work and Pensions, the Employment Service, Customs & Revenue, Job Centre, Job Centre Plus, Social Security.	
Credit Card Statement issued within the past 12 months (UK or EEA)	
Mortgage Statement less than 3 months old (UK or EEA)	
Financial Statement less than 3 months old (UK) e.g. pension, endowment, ISA	
P45/P60 Statement less than 3 months old (UK & Channel Islands)	
Council Tax Statement less than 3 months old (UK & Channel Islands)	
Work Permit/Visa less than 3 months old (UK) (UK Residence Permit valid up to expiry date)	
Bank/Building Society (UK) Account Opening Confirmation Letter	
Letter of Sponsorship from future employment provider (Non-UK/Non-EEA only – valid only for applicants residing outside of the UK at time of application)	
Cards carrying the PASS accreditation logo (UK and Channel Islands)	
Letter from Head Teacher or College Principal (UK) (16 - 19 year olds in full time education (only used in exceptional circumstances when all other documents have been exhausted)	

For Practice Use Only

Identity Verified (tick all that apply)	<ul style="list-style-type: none"> • Photo ID seen <input type="checkbox"/> <p>If no Photo ID provided:</p> <ul style="list-style-type: none"> • Two forms of identification documents seen from above list <input type="checkbox"/> <p>If patient is unable to provide any forms of identification for a valid reason but is known to you, you may:</p> <ul style="list-style-type: none"> • Vouch for the patient to confirm their identity <input type="checkbox"/> 	Name of Verifier	Date
Name of Person who Authorised (if applicable)			Date
Date Account Created			
Date Account Details Handed to Patient			