



Online Access Application Form - (For patients aged 16+)

Please fill in using capital letters

Surname	Date of Birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to have access to the following online services (please tick)

1. Book appointments	<input type="checkbox"/>
2. Request repeat prescriptions	<input type="checkbox"/>
3. View medical records	<input type="checkbox"/>
4. View Demographic information	<input type="checkbox"/>

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

1. I have read and understood the 'patient information leaflet for online access'	<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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. 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"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Please note that this practice is only responsible for the data entered by the practice since you registered with us. It is still your right under DPA 1998 to request any factual amendment, no entry can be removed but your comment will be recorded.

Signature	Date
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For Practice use only

Patient EMIS number															
Identity verified by (initials)	Date														
Method															
Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/>															
Date account created															
Date passphrase sent															
Date record access enabled															
Level of record access enabled No record access <input type="checkbox"/> Core summary (medications and allergies) <input type="checkbox"/> Detailed coded records access <input type="checkbox"/> Specify below:	Notes / explanation														
<table border="1"> <tr> <td>Read coded data</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Immunisations</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lab test results</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Problems</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Consultations</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Allergies</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Medication</td> <td><input type="checkbox"/></td> </tr> </table>	Read coded data	<input type="checkbox"/>	Immunisations	<input type="checkbox"/>	Lab test results	<input type="checkbox"/>	Problems	<input type="checkbox"/>	Consultations	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Medication	<input type="checkbox"/>	
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