Application for patient online services template

APPLICATION FOR PATIENT ONLINE SERVICES FERRY ROAD HEALTH CENTRE

Surname		Forename(s)	
Street		Area	
Town or city		Postcode	
Phone number		Mobile	
Email			

I wish to have access to the following information (tick which apply):	
Booking appointments	
Requesting repeat prescriptions	
Viewing summary information in GP record (medication, allergies, bad reactions)	
View full GP record (including consultations, free text and documents)	

I wish to access my health record online and understand and agree with the following statements:

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.	
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.	
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 think that I may come under pressure to give access to someone else unwillingly, I will contact the practice as soon as possible.	
Signature	
Date	

Practice staff to complete the sections overleaf.

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
Date account created			
Date passphrase sent			
Level of record access enabled All ☐ Prospective ☐ Retrospective ☐ Detailed coded record ☐ Limited parts ☐		Notes / explanation	