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**Patient Online Access Registration Form**

**Patients Aged 18 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 | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record (includes the following)  * Problems * Medications * Test results * Immunisations * Allergies and Adverse reactions   ***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. | 🞏 |
| 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 log out immediately and contact the Practice, as soon as possible, to inform them. | 🞏 |

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

### 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 VERTIFICATION**

|  |  |
| --- | --- |
| **PHOTO INDENTIFICATION (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

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| --- | --- | --- | --- |
| Identity Verified  (tick all that apply) | * Photo ID seen 🞏   If no Photo ID provided:   * Two forms of identification documents seen from above list 🞏   If patient is unable to provide any forms of identification for a valid reason but is known to you, you may:   * Vouch for the patient to confirm their identity 🞏 | Name of Verifier | Date |
| Name of Person who Authorised (if applicable) |  | | Date |
| Date Account Created |  | | |
| Date Account Details Handed to Patient |  | | |