Great Bentley Surgery

Application form for online access to the practice online services

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 all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. 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	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
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	☐
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.	☐

Signature	Date	
For practice use only		

Patient NHS number	Practice computer ID number	
Identity verified by (initials)	Method used	Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Documentary evidence provided		
Authorised by	Date	
Date account created		
Date login credentials emailled/given		
Level of record access enabled Detailed coded record ☐ All prospective ☐ All retrospective ☐	Notes / explanation	
Date clinical assurance completed	Assured by (initials)	
Reason for refusal if record access is refused after clinical assurance.		