

Application form for online access to the practice online services (please note that in line with current Wessex Local Medical Committee guidance online services are not available for patients aged between 11-15 years)

Surname		Date of birth
First name		
Address		
Postcode		
Email address:		
<p>Please confirm if you are happy for your password to be emailed to the address shown <input type="checkbox"/></p> <p>If no email address is provided your password will need to be collected from the surgery and ID documents will need to be provided at the time of collection. You will be contacted when your password is ready for collection.</p>		
Telephone number		Mobile number
<p>I wish to have access to the following online services (please tick all that apply):</p> <p>(If you are newly registered please allow 14 days for this to be processed – we will text or contact you by phone to confirm when your password is ready for collection. The password must be collected by you in person and you will need to bring your ID documents when you collect it)</p>		
1. Booking appointments		<input type="checkbox"/>
2. Requesting repeat prescriptions		<input type="checkbox"/>
3. Accessing my medical record (please tick each box below and note that we only allow detailed coded access to records only. If you need full clinical access to your GP records this should be requested under a Subject Access Request and forms are available in the surgery).		<input type="checkbox"/>
<p>I wish to access my medical record online and understand and agree with each statement (If you are newly registered please allow 28 days for this to be processed)</p>		
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. 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"/>
Signature		Date

MERE SURGERY



England

For practice use only		
Patient NHS number		
<u>Reception Team</u> Identity verified by (initials)	Method used	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Documentary evidence provided		
<u>Admin Team</u>		
Date account created		
Login credentials Emailed by encrypted email <input type="checkbox"/> Put for patient collection <input type="checkbox"/>		Date: Date: Patient advised by text/phone
Date task sent to GP for detailed access to records		
Level of record access enabled Detailed coded record from 1/4/2016 <input type="checkbox"/> Other <input type="checkbox"/>		Notes / explanation
Date clinical assurance completed	Date:	Assured by (initials)
Reason for refusal if record access is refused after clinical assurance.		
ID Verified on patient collection of password:		Initials and date