Internet Access and Health Portal Application Form

This practice offers ***Internet*** and ***Health Portal*** access to certain aspects of your medical record. Use this form to request access to the Internet and Health Portal facilities offered by this practice. You can only apply for yourself on this form and you must be aged 16 years or older.
You will need to provide photo evidence of your identity such as a passport or photo driving licence before receiving your access codes.

When the form is completed, please leave it at reception and return in 2 working days between 11 am and 5 pm, with your photo ID, to collect your Internet access codes and register your fingerprint (required for access to medical record via Health Portal).

Forename:		Surname:	
Date of birth:			
Address (including postcode):			

Please register me for: Internet Access ☐ and/or Health Portal access ☐

Issue my personal identification number and password details to allow me to access my medical record from the internet and Health Portal. I understand that I am responsible for securing these details to prevent unauthorised persons from accessing my record online. In the event that my security details have been compromised I will inform the practice immediately so that access can be blocked and new passwords issued. If at any time I wish to permanently cease internet access I will inform the practice in writing. I authorise the practice to store a copy of my fingerprint to verify my identity for access to my records and to use the "Arrivals" kiosk.

Signed:		I am the patient mentioned above: ☐

Office use only:	Photo ID presented: Driving Licence ☐ Passport ☐ Other e.g. personal knowledge (details) ☐ _____
Access authorised:	Authoriser: _____ Date: _____ Access ID given: ☐ Fingerprint done & ID given: ☐
Receipt of Codes	To be signed by patient on receipt of codes: Codes received: _____ Date: _____