Royal College of General Practitioners

NHS England

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 provided on the practice website	☐
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.	