**Abbey Medical Centre**

**Application for Access to General Practice Online Services**

**on behalf of another person**

Please complete the following in block capitals:

**DETAILS OF THE PERSON MAKING THE APPLICATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  |  | First name |  |
| Date of birth |  |  | Email address |  |
| Address |  | | | |
| Postcode |  |  |  |  |
| Phone No (home) |  |  | Phone No (mobile) |  |
| Relationship to the patient |  |  | Reason for requesting access (e.g. parent of a child under 13) |  |

**DETAILS OF THE PATIENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  |  | First name |  |
| Date of birth |  |  |  |  |
| Address (if different from above) |  | | | |
| Postcode |  |  |  |  |
|  |  |  |  |  |

I wish to access the general practice online services selected below on behalf of the named patient and agree to the following conditions:

|  |
| --- |
| 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 the account has been accessed by someone without my agreement |
| 1. If I see information in my record that is not about the named patient, or is inaccurate, I will log out immediately and contact the practice as soon as possible |
| 1. If applying as a parent or guardian I confirm that I have legal responsibility for the patient |
|  |
| Signature: Date: |

In order to keep your records as secure as possible please select **only** the services that you wish to use by ticking the appropriate boxes:

|  |  |
| --- | --- |
| Booking appointments | 🞏 |
| Requesting repeat prescriptions | 🞏 |
| Accessing my basic medical record | 🞏 |

You are also able to view your detailed/full medical record online, if you would like this please speak with your GP or the Practice Manager.

### For practice use only

|  |  |  |
| --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Photo ID 🞏  Proof of residence 🞏 | Date: |
| Name of person who validated ID |  |  |
| Date account created |  | |