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 • Summary (including allergies, sensitivities, medication) • Detailed coded (as above + results, diagnoses, problems, vaccinations)	☐ ☐
4. Full clinical Record Access (applicable from date of request).	☐

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**

IMPORTANT: You will receive you access details via the email address above, including a temporary password. **This password is only valid for 7 days**, therefore you should log in as soon as possible after receiving this.

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by	Date	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 emailed/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.			