

# Bridge Surgery

## Application for online access

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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my <b>summary</b> medical record	<input type="checkbox"/>
4. Accessing my <b>detailed coded</b> medical record (subject to approval by your GP and can take up to 21 days to be granted)	<input type="checkbox"/>

**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	<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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will log out and contact the practice as soon as possible	<input type="checkbox"/>

Signature	Date
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Two forms of documentation must be provided as evidence of identity; one must contain a photo and one an address. Acceptable documents include passports, photo driving licenses and bank statements, **but not bills**. Birth certificates and bus passes are also acceptable.

**For practice use only**

Patient NHS number		E-mail address added to SystemOne <input type="checkbox"/>
Identity verified by (initials)	Date	<b>Two</b> documents seen (please record numbers) Passport - Driving Licence - Birth Certificate - Bus Pass - Bank Statement-(name of bank)- Marriage Certificate- Other
SystemOnline account created and log in Yes <input type="checkbox"/> No <input type="checkbox"/> Date		
Permissions enabled Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/> Summary Care Record <input type="checkbox"/>		
Date Permission to access detailed coded record enabled <input type="checkbox"/>		Notes / explanation

[Return to admin for scanning](#)