**This is an application for online access to your historic data. You should be able to see your prospective records online from November 2022 without this application.**

This only applies to patients 16 years and over

|  |  |
| --- | --- |
| Surname: | Date of birth: |
| First name: |
| Address: Postcode:  |
| Email address: |
| Telephone number: | Mobile number: |

**Would you like to start receiving communications, such as appointment reminders, from our practice via:**

**SMS text messaging: YES** 9Ndp **NO** 9Ndq

**\*Email: YES** 9Nds **NO** 9Ndy \*(currently **NOT** in operation)

**We are now also giving access to PROXY users for patients aged 0 – 11 (appointments and prescriptions only).**

|  |
| --- |
| **Name of proxy user:** |
| **Relation to patient:** |
| **Email address:** |
| **Signature:** |

NOTE: When the patient reaches the age of 11 the proxy user will receive an email notifying them that access will cease. The patient will be able to regain the access themselves when they reach the age of 16.

**Proxy access can also be given to Carers but for this we will need patient written consent.**

**I wish to have access to the following online services (please tick all that apply):**

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

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice/also on our website under Registration section-“Online Services Records Access Leaflet” | 🞏 |
| I will be responsible for the security of the information that I see or download | 🞏 |
| If I choose to share my information with anyone else, this is at my own risk | 🞏 |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | 🞏 |

**You will need a password from the Practice to register. Would you like us to send it to you by email 🞏 or other method 🞏 (please specify). Please read carefully the leaflet attached about being responsible for keeping your login details safe.**

|  |  |
| --- | --- |
| Signature | Date |

**For practice use only**

|  |  |  |
| --- | --- | --- |
| Identity verified by(initials) | Date | MethodVouching 🞏Vouching with information in record 🞏 Photo ID and proof of residence 🞏 |
| Authorised by  | Date |

**There is so much more to offer digitally.**

**Alternatively, you may register for online services via NHS App without coming to the surgery with your ID.**

**For text messaging and for retrospective online services, as above, if you prefer not to use the NHS App, we will still need this completed form verified with your ID (visit the surgery with your ID which we can check remotely).**