

St Luke's Surgery

Application for online access

New patients

| | |
|------------------|---------------|
| 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 Pre bookable appointments (Vouching accepted as evidence of ID) | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions (Vouching accepted as evidence of ID) | <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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

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

For practice use only

| | | |
|--|-----------------------------|---|
| Patient NHS number | Practice computer ID number | |
| Identity verified by (initials) | Date | Method <div style="text-align: right;"> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> </div> |
| Authorised by | | Date |
| Date account created | | |
| Date passphrase sent | | |
| Level of record access enabled <div style="text-align: right;"> All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/> </div> | Notes / explanation | |