SOUTH HERMITAGE SURGERY

Section A:

Application for online access to my medical record

First name:	Surname:	Date of birth:
Address:		
		Postcode:
Email address:		
Telephone number:	**Mobile number:**	
Do you already have a Patient Access account?	☐ Yes	☐ No
Do you already have an NHS App account?*	☐ Yes	☐ No
Which is your preferred contact method?	☐ Text message ☐ Post	☐ Email

Section B:

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 (please complete Section C and provide ID* *unless existing user of NHS App where this has already been verified)	☐

Section C: Only required if patient has ticked <u>option 3 in Section B</u>

I wish to access my medical record online and understand and agree with <u>each</u> 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:

Section D:

Identification required (only needed if Section C completed and no NHS App account*):
(Driving licence will be sufficient for photo ID and address) otherwise
**Photo ID eg Passport AND **Proof of address: bank statement or utility bill

Practice Use Only

Patient NHS No		Practice computer ID number	
Identity verified by (initials)	**Date**	**Method:** ☐ Photo ID – details………………. ☐ Proof of residence – details………………. ☐ Vouching ☐ Vouching with information in record	
Date account created			
Level of record access enabled: All ☐ Limited parts ☐	Notes / explanation		
Name of Person who authorised		Date	