

## Online Patient Access Application Form

Patient Access allows you use on-line services to book appointments, order repeat medication and view your medical records. **Please note that the medical records viewer is only available to patients aged 16 years and over.**

To register to use Patient Online Access all patients will need to complete this form and hand it to a member of reception staff along with any of the following photographic ID:-

- Photo driving licence      ▪ Passport                      ▪ Disabled drivers pass
- Student ID card            ▪ Travel card                  ▪ Birth Certificate for children under 16

Applications for children under 16 years can be completed by parents (Booking appointments and ordering prescriptions only)

To verify identification completed forms **must** be presented to reception in person. The only exceptions are children under 16 years.

**Patient to complete:**

Name:			
Address:			
DOB:		Email address:	
Home telephone no:		Mobile no:	

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

• I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
• If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
• If I suspect that my account has been accessed by someone without my agreement, I will advise the practice as soon as possible by email - kingscorner1@nhs.net	<input type="checkbox"/>
• If I see information in my record that is not about me or is inaccurate, I will advise the practice as soon as possible by email - kingscorner1@nhs.net	<input type="checkbox"/>
• If I think that I may come under pressure to give access to someone else unwillingly I will email the practice as soon as possible by email - kingscorner1@nhs.net	<input type="checkbox"/>

- I am the patient                       I am representing the patient – a child under 16 years old

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For completion by Surgery Staff only**

Proof of ID seen	Yes / No		
Form of ID seen	<input type="checkbox"/> Driving licence	<input type="checkbox"/> Passport	<input type="checkbox"/> OAP travel card
	<input type="checkbox"/> Disabled drivers pass	<input type="checkbox"/> Student ID card	<input type="checkbox"/> Vouching
	<input type="checkbox"/> Other .....	<input type="checkbox"/> Children only – Birth Certificate	
Access PIN letter printed	Yes / No	Date:	
Access Registration coded	Yes / No	Date:	

Staff Signature: \_\_\_\_\_