

TOPCLIFFE SURGERY: APPLICATION FOR ONLINE SERVICES

PLEASE READ: TOPCLIFFE SURGERY ONLINE SERVICES PATIENT INFORMATION LEAFLET BEFORE COMPLETING THIS FORM.

Patient Surname:	Date of birth:
First name:	
Address:	
Postcode:	
Email address:	
Mobile telephone 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 medical record	<input type="checkbox"/>

I wish to apply for online services as indicated above & 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 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 (TWO forms of ID needed; Photo & Address): Vouching with information in record <input type="checkbox"/> passport <input type="checkbox"/> driving licence <input type="checkbox"/> bank statement <input type="checkbox"/> other (please record) <input type="checkbox"/>	
Does the applicant already have an O/A account: NHS App: Y / N Other account: Y / N	
Date Email verification requested:	Date Email verification received:
Authorised by:	Date:
Date account created and emailed out:	
Date passphrase issued manually (where applicable):	
Level of record access enabled Appointments <input type="checkbox"/> Medication <input type="checkbox"/> Repeat Prescriptions <input type="checkbox"/> Allergies <input type="checkbox"/> Immunisations and Lab test results <input type="checkbox"/>	Notes / explanation