**Dr Baxter and Partners**

**Application for GP Online Services (age 16 and over)**

TO REGISTER FOR OUR ONLINE SERVICES, YOU WILL NEED TO COMPLETE THIS FORM AND THEN VISIT THE PRACTICE, BRINGING WITH YOU TWO FORMS OF IDENTIFICATION. ONE OF THESE ITEMS SHOULD INCLUDE YOUR PHOTOGRAPH.

|  |  |
| --- | --- |
| **SURNAME:** | **DATE OF BIRTH:** |
| **FIRST NAME:** | |
| **ADDRESS:** | |
| **EMAIL ADDRESS:** | |
| **TELEPHONE NUMBER: MOBILE NUMBER:** | |

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

|  |  |
| --- | --- |
| 1. **BOOKING AND CANCELLING APPOINTMENTS** |  |
| 1. **REQUESTING REPEAT PRESCRIPTIONS** |  |
| 1. **QUESTIONAIRES** |  |
| 1. **SUMMARY CARE RECORD** |  |
| 1. **LIMITED ACCESS TO PARTS OF MY MEDICAL RECORD – CODED DATA ONLY** |  |
| 1. **FULL MEDICAL RECORD – AVAILABLE FROM NOVEMBER 2022** |  |

***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** | |  |
| 1. **I WILL BE REPONSIBLE FOR THE SECURITY OF THE INFORMATION THAT I SEE OR DOWNLOAD** | |  |
| 1. **IF I CHOOSE TO SHARE MY INFORMATION WITH ANYONE ELSE, THIS IS AT MY OWN RISK** | |  |
| 1. **I WILL CONTACT THE PRACTICE AS SOON AS POSSIBLE IF I SUSPECT THAT MY ACCOUNT HAS BEEN ACCESSED BY SOMEONE WITHOUT MY AGREEMENT** | |  |
| 1. **IF I SEE INFORMATION IN MY RECORD THAT IS NOT ABOUT ME OR IS INACCURATE, I WILL CONTACT THE PRACTICE AS SOON AS POSSIBLE** | |  |
| **SIGNATURE:** | **DATE:** | |

|  |  |
| --- | --- |
| **Please tick here if you wish to decline online access or believe you could be at risk of coercion** |  |

***FOR PRACTICE USE ONLY:***

|  |  |
| --- | --- |
| **Patient NHS No.** |  |
| **Identity Verified By: Date:** |  |
| **Method: Vouching Vouching with Information in Record Photo ID and Proof of Residence** | **(circle)** |
| **Authorised By: Date:** |  |
| **Level of Record Access Enabled - Contractual Minimum C:\Users\Sharon.Barnes\AppData\Local\Microsoft\Windows\INetCache\IE\PUT3K7ZD\tick-305245_1280[1].png Other:** |  |
| **Notes/Explanation:** |  |