cid:image001.png@01CF9862.86871390**Application for Access to Online Services**

To apply for online services from the Practice please complete this form and present it to the receptionist or email it to [admin.staffahealth@nhs.net](mailto:admin.staffahealth@nhs.net). It should be **accompanied by two forms of ID** one which has a photograph and another that has proof of your address. A photograph of your ID sent by email is acceptable.

|  |  |  |
| --- | --- | --- |
| First name: | | Surname: |
| Date of birth: | Email address: | |
| Home Telephone number: | | Mobile telephone number: |
| Address:  Postcode: | |  |

I wish to have access to the following online services (please tick or state ‘Yes’ to all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat medications |  |
| 3. Viewing my medical record |  |

Please read and agree with each statement (please tick or state ‘Yes’ to all that apply):

|  |  |  |
| --- | --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | |  |
| 2. I am 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. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | |  |
| 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 | |  |
| Signature: | Date: | |

# For practice use only

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number: | | |  | |
| Identity verified by (name):  Date verified: | Method: Photo ID and proof of residence   Other (include details below)   Vouching   State type of ID documents checked: | | | |
| **If patient only requires access to appointment booking, prescriptions and summary information please continue and authorise on Systmone. If patient requires access to full medical records please pass form to nominated administrators.** | | | | |
| Access in SystmOne authorised by (name): | | | | Date: |
| Date account created: | | Date PIN/letter sent/given: | | |
| Level of record access enabled:  All Access Declined   Booking appointments   Requesting repeat medications   Detailed Coded Records Access   Full Prospective Medical Record access  | | Notes / explanation: | | |