Royal College of General Practitioners

NHS England

Application form for online access to Spencer Street Surgery's online services

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

I understand that my email address and/or mobile number may be used by the practice to contact you to provide health and care services. For example:-

- appointment reminders,
- health campaign messages
- messages relating to your own health and care e.g. test results

If you do not wish to be contacted by either of the following please tick

Email ☐

Mobile ☐

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

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Access to my basic medical record	☐
4 Access to detailed medical record	☐

I wish to access my online services and understand and agree with each statement (tick)

1. I have read and understood the information 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
For practice use only	
Patient NHS/EMIS number	
Identity verified by (initials)	Method used Personal Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Date account created	
Date login credentials emailed/given	

Level of record access enabled	Notes / explanation
Detailed coded record □ All prospective □ All retrospective □	
Date clinical assurance completed	Assured by (initials)
Reason for refusal if record access is refused after clinical assurance.	