

Baltimore Park Surgery - Application for online access

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number
Do you have an existing Patient Access account? Yes <input type="radio"/> No <input type="radio"/>	

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

Booking appointments	<input type="radio"/>
Requesting repeat medications	<input type="radio"/>
Accessing my medical record	<input type="radio"/>

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

I have read and understood the information leaflet provided by the practice	<input type="radio"/>
I will be responsible for the security of the information that I see or download	<input type="radio"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="radio"/>
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="radio"/>
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="radio"/>
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	<input type="radio"/>

Signature	Date
-----------	------

For practice use only

NHS Number	Emis Number
Identity verified by Date (initials)	Method <div style="text-align: right;"> Vouching <input type="radio"/> Vouching with information in record <input type="radio"/> Photo ID and proof of residence <input type="radio"/> </div>
Authorised by (GP)	Date
Level of access enabled Appointment booking <input type="radio"/> Repeats medications <input type="radio"/> Detailed coded record <input type="radio"/> Other <input type="radio"/>	Notes / Explanation / ID Details
Date account created	SMS / Email (circle) Date