Application for Access to GP Online Services (16+) – Otford Medical Practice

Surname please print	

First name please print		Date of Birth	

Address	

Postcode		Email Address	

Telephone Number		Mobile number	

I wish to have access to the following online services (tick appropriate box/boxes):

Booking appointments/requesting repeat prescriptions	☐

Accessing patient's medical record **PLEASE ALLOW UP TO 30 DAYS IF SELECTING THIS OPTION/OVER 90 DAYS IF NEW PATIENT** (currently *data codes** only but this will be extended in the future to include consultations, results and letters prospectively).	☐

*Data codes (Read Codes) are a coded thesaurus of clinical terms used in the NHS since 1985. They provide the standard vocabulary by which clinicians can record patient findings and procedures in health and social care IT systems across primary and secondary care, eg GP surgeries and pathology reporting of results.

For all levels of access **I understand and agree with each statement** (please tick)

1. I have read and understood the information leaflet 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. I will contact the practice as soon as possible if I suspect that the 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 log out immediately and contact the practice as soon as possible	☐
6. I attach ID/proof of residence as detailed below.	☐

Signature		Date	

Please provide one current **Photo ID** and one **Proof of Residence** (not older than 3 months) as detailed below. Please tick relevant box.	**For practice use only**	
Photo ID ☐ Passport ☐ Photo Driving Licence Proof of Residence ☐ Bank or Building Society statement (within last 3 months) ☐ Mobile Phone contract/Home/Car Insurance (within last 3 months)	**Name & Signature of verifier**	**Date**

FOR PRACTICE USE ONLY

	Name & Signature of verifier	Date
Vouching in absence of ID – DOCTOR/NURSE ONLY ☐ Vouching with knowledge ☐ Vouching from record		

Medical Record access approval - date GP approved:	
GP name & signature:	Access initiated by: (staff member) name/date Pin document emailed ☐

Medical Record access declined - date declined: Reason declined:	
GP name & signature:	

Issue of Patient Access document:

Issue of Patient Access document/given to patient – date:	PIN Document emailed ☐
Issuing Staff member name & signature:	

If Patient Access document **not** issued immediately:

Date registration document collected by patient: Photo ID confirmed on collection: (One form of photo ID must be shown on pickup) ☐ Passport ☐ Photo Driving Licence
Issuing Staff member name & signature