

# Woodbury Surgery

## PATIENT REQUEST FOR ACCESS TO ONLINE SERVICES

Please read the enclosed information 'Accessing Your GP Records Online' before completing this form.

To be completed by Patient	Identity Verification to be completed by the Practice	
Your Full Name:	Date request received:	Received by:
Your Full Address:	ID verified via (tick as appropriate): (see 'Acceptable identity evidence' document on TeamNet)	
	<input type="checkbox"/> Passport <input type="checkbox"/> Driving licence <input type="checkbox"/> Other (state)	
Your date of birth:	or <input type="checkbox"/> Vouched for by .....	
Mobile phone number:	Process completed by:	
Email address:	Date approved and account enabled on S1:	
	Date log in details provided to applicant:	

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

1. Booking appointments	
2. Requesting repeat prescriptions	
3. Accessing my detailed coded record	
4. Accessing my Full Clinical Record	

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

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, print 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.	

I have understood that it is my responsibility to keep my account secure by keeping my log in details confidential as well as anything that I print out from my medical record. I understand that I can terminate my account at any time by contacting the surgery.

Signed..... Date.....

N.B. If proxy access is required (access to the record by someone other than the patient) please request a proxy access form from reception. Proof of parental responsibility, patient consent or evidence of authority to act for the patient will be required.

---

# Woodbury Surgery