Ashville Medical Practice
Application for Access to Online Services

Please provide 2 documents to verify your identity. One document must be photographic. Any 2 of the following 3 documents are acceptable: passport, driving license, utility bill within the last 3 months.

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

I wish to have access to the following online services (please tick access required):

1. Booking Appointments (access will not be granted to patients with a history of not attending appointments without cancelling them)	☐
2. Requesting Repeat Prescriptions	☐
3. My Summary Patient Record (medications, allergies and sensitivities)	☐
4. My Detailed Patient Record (coded medical information and vaccinations)	☐
5. My Medical Record from the date of registration at the practice	☐

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

1. I have read and understood the information leaflet, and signed the terms and conditions 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. 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 (initials)	Date	Method Vouching as patient is known to staff member ☐ Vouching with information in record ☐ Documents Provided: Doc 1 Doc 2
Authorised by (GP name if patient records are requested)	Date
Date account and password created	

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.