

Bishops Waltham Surgery

Patient Access – Registration form for online services

Please complete this form and hand it to the practice, please also provide proof of identity. Once we have received your form and seen the necessary proof of ID we will print /email you a registration letter which you can use to register for your on-line account. If you request Enhanced Services this can take up to 14 working days for you to receive your letter. Please note that each individual family member would need to complete this application form as each individual needs to have their own account and own email address.

Section 1

Name:
Date of Birth:
Address:
Telephone No:
Mobile No:
<i>A UNIQUE EMAIL ADDRESS IS REQUIRED FOR REGISTRATION</i>
Email Address:

Before selecting the services you would like to have access to, please make sure you have read the Patient Access leaflet as there are things you may need to consider when requesting these services.

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

1. Standard Access	<input type="checkbox"/>
2. Enhanced Access	<input type="checkbox"/>

Standard Access – Booking appointments (routine GP appointment and phlebotomy appointments only), requesting repeat medication, messaging and any allergies.

Enhanced Access – All of the above plus access to coded medical records for laboratory results, immunisations, key medical problems and consultations.

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement	<input type="checkbox"/>
4. If I see information in the record that is not about me, or is inaccurate, I will contact the practice as soon as possible, I will treat any information which is not about the me as being strictly confidential	<input type="checkbox"/>

Patient Signature:

Date:

For Reception use: ID FOR ALL PARTIES REQUIRED

Patient NHS number	EMIS ID number	GP
Identity verified by (FULL NAME): Sign: Date:	<u>Patient ID:</u> Tick all that apply: <div> <input type="checkbox"/> Personal vouching </div> <div> <input type="checkbox"/> Vouching with information in record </div> <div> <input type="checkbox"/> Birth Certificate/Passport/Photo Driving Licence </div> <div> <input type="checkbox"/> Proof of residence </div>	