MOUNT FARM SURGERY

CARING FOR YOU AND YOUR HEALTH

Application for Online Services

Please return this form along with **photographic ID and proof of address** to the surgery
OR you can also arrange access via the NHS App on a smartphone

SURNAME:	FIRST NAME:	
DATE OF BIRTH:		
ADDRESS:		
EMAIL ADDRESS (PATIENT OR PROXY):		
TELEPHONE NO:	MOBILE NO:	
NAME OF PROXY (IF APPLICABLE): D.O.B OF PROXY:	SIGNATURE OF PROXY (IF APPLICABLE):	RELATIONSHIP TO PATIENT:

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 full medical record	☐

If we grant you online access is there the possibility that someone else may access your record without your permission or against your wishes (coercion), (please tick): YES ☐ NO ☐

I wish to access the online services, and 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 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:**

Please return your completed form **with photographic ID and proof of address** to:
Mount Farm Surgery, Lawson Place, Bury St Edmunds, IP32 7EW

FOR PRACTICE USE ONLY

<table>
<tr><td>NHS NUMBER:</td><td colspan="2"></td></tr>
<tr><td>IDENTITY VERIFIED BY:

_____

AUTHORISED BY:

_____

DATE: _____</td><td>DATE:</td><td>METHOD (please tick):

VOUCHING ☐

VOUCHING WITH INFORMATION IN RECORD ☐

PHOTO ID AND PROOF OF RESIDENCE ☐</td></tr>
<tr><td>DATE ACCOUNT CREATED:</td><td colspan="2"></td></tr>
<tr><td>DATE PASSPHRASE GIVEN:</td><td colspan="2"></td></tr>
<tr><td colspan="3">NOTES/EXPLANATION:

CHECK DATE ☐</td></tr>
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