

BRAMPTON MEDICAL PRACTICE

Online Services: Under 14's

FORM 1

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

I wish to have access to the following online services for the above patient
(Please tick all that apply)

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Access to medical record	<input type="checkbox"/>

All requests for access to your medical record are subject to approval from your GP
Existing patients- Up to 21 working days from application form being submitted
New patients- up to 3 months from receiving your medical records
NB: We require proof of identification from both the patient and from the person
Requesting proxy access. We also require proof of parental responsibility

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

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. If I choose to share information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
5. If I see information in the record that is not about them or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Name of Person Requesting Proxy Access	
Surname	Date of birth
First name	
Address	
Postcode	
Telephone number	Mobile number
Relationship to the patient:	

Signature	Date
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For practice use only

Patient NHS number		Practice computer ID number
Patient Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> ID Other <input type="checkbox"/>

Patient NHS number(if registered)		Practice computer ID number(if registered)
Parent/Guardian Identity verified by (initials)	Date	Proof of parental responsibility Vouching <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Court Order <input type="checkbox"/> ID Other <input type="checkbox"/>
Authorised by Scanned <input type="checkbox"/>		Date
Task to GP		Yes No
Date account created /Access enabled		
Date passphrase sent		