BRAMPTON MEDICAL PRACTICE

Application for online access: 14 years and over

FORM 2

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 all that apply):

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

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

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 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

For practice use only

Patient NHS number		Practice computer ID number
Identity verified by (initials)	Date	Method Vouching ☐ …… Vouching with information in record ☐ …… Photo ID ☐ …… ID Other ☐ ……
Authorised by Scanned ☐		Date
Task to GP	Yes	No
Date account created /Access enabled		
Date passphrase sent		