MOATFIELD SURGERY

NHS Sussex

Application Form for Patient Online Access

Please complete this form and return it to Reception, along with proof of identity.

Section 1

Patient Information

Surname	Date of Birth (DD/MM/YYYY)
First name	NHS number (if known)
Address Postcode	
Telephone number	Mobile number
Email address	

Section 2

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

1. Booking appointments ☐
2. Requesting repeat prescriptions ☐
3. Access to my (future) medical record (please select the level of access you require)

   Immunisations ☐ Consultations ☐

   Problems ☐ Documents ☐

   Test Results ☐

Please note: by default, you will be able to view record content from 11th October 2023 onwards, or from your date of registration at any new GP Practice you move to. Exclusions apply.

Section 3

I wish to access my medical record online and by signing below I am confirming that I understand and agree with the following statements

1. I understand that I can request information and educational resources from my GP 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. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible
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
6. If I think that I may come under pressure to give access to someone else unwillingly, I will contact the practice as soon as possible

Signature of patient …… Date ……

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For Practice Use Only

Identity verified by Date	Method of verification Photo ID ☐ Vouching with information in record ☐ Personal Vouching ☐
Documentary evidence provided	

If Enhanced review is indicated, please complete below.

Reviewed and authorised by:	Date:

Once the form has been completed it should be scanned and filed to the patient's record