

# Northiam Surgery – Online Services Request

To register with our practice please complete the following details.

## NHS Number

To register you will need your NHS number. If you do not know your NHS number there is an online service to help you find it: [www.nhs.uk/nhs-services/online-services/find-nhs-number/](http://www.nhs.uk/nhs-services/online-services/find-nhs-number/)

## Patients Name

Title

First

Middle

Last

## Date of Birth

## Patients Address

Number

First Line of your address

Second Line of your address

Post Code

## Are you requesting online access on behalf of:

Yourself  Your Child

If you are registering on behalf of **someone else** please provide the following:

## Your Name

Title

First

Middle

Last

Relationship to patient

Contact details

Home Phone

Mobile Phone

Email address

## Would you like someone else to have online access (Proxy Access) to your records?

Yes       No

Proxy access allows others to view your records and act on your behalf. Parents use this for children and some provide access for carers etc. Note: Proxy access to a child's account will cease at their 15th birthday.

Name of person granted proxy access to online records:

Title

First

Middle

Last

Relationship to patient

## Please confirm your request

- I give permission to my GP practice to give the person named below proxy access to the online services as indicated below
- I reserve the right to reverse any decision I make in granting proxy access at any time
- I understand the risks of allowing someone else to have access to my health records
- I have read and understand the information leaflet provided by the organisation

**Do you wish to have Enhanced Access to your medical record?**

- Yes**       **No**

**Which Enhanced Services would you like?**

- Tests
- Documents
- Consultations

**If yes, Please confirm the following security questions:\***

- I have read and understood the information leaflet provided by the practice
- I will be responsible for the security of the information that I see or download
- If I choose to share my information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
- If I see information in my record that is not about me or is incorrect, I will contact the practice as soon as possible

**Patient Identification**

Which two forms of ID are you providing?

- Passport**    **Driving Licence**    **Utility Bill**    **Other**

.....  
**Signature:**

.....  
**Date:**