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## Application for online access

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	<input type="checkbox"/>
2. Requesting repeat prescriptions ( <i>Please note: This is currently available via a different system. Please register separately via our surgery website</i> )	<input type="checkbox"/>
3. Accessing my medical record (immunisations, allergies, medications only)	<input type="checkbox"/>
4. Accessing my detailed coded record: medications, immunisations, allergies, laboratory results and conditions ( <i>Please note: processing this will take up to 14 working days</i> )	<input type="checkbox"/>

I wish to access my medical record and detailed coded record (if selected) 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 my 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 my account has been accessed by someone without my agreement	<input type="checkbox"/>
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	<input type="checkbox"/>

Signature	Date
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### For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials please)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by		Date	
Date account created			
Date passphrase sent			
Level of record access enabled All (including detailed coding) <input type="checkbox"/> Limited parts <input type="checkbox"/>		Notes / explanation	