



Patient Access Registration Request Form

Using Patient Access, you can take advantage of your practice's online services. What's more, because Patient Access is a 24 hour online service - you can do this in your own time, day or night.

All information that is sent to your surgery via Patient Access is secure. Your personal details are encrypted and protected using the highest standard internet security, so it cannot be intercepted. Only you and your GP surgery are able to see this information.

Your surgery currently offers the following services:

Online booking and cancellation of appointments

Ordering repeat medication

You MUST have an Email and Mobile Number entered to enable you to reset your Password if you forget it.

How to apply for the Len Valley Practice Online Patient Access Service

- 1 Complete this form and return it to Reception. Please avoid our busiest time - 8.30 to 10am.
- 2 You must come to the surgery with two forms of ID;
 - 1 - One MUST be a **photo ID** e.g. Passport, Drivers licence etc.
 - 2 - One MUST have your **current address** e.g. Utility Bill
 We will check your details and then provide you with your 'Patient Access Registration Form'.
- 3 Using the 'Patient Access Registration Form', go online to complete your Patient Access Registration

Please fill in this section IF YOU ARE THE PATIENT and return to Reception:

I would like to register for the Len Valley Practice Online Patient Access Service.

Please tick the following box to be eligible for this service: I am the patient.

NB: If you are requesting PROXY ACCESS, please fill in the reverse of this form.

□□ / □□ / □□□□

Applicant's Name:

Date of Birth:

Email:

I agree to be contacted by the surgery using either my email address or mobile number

Mobile number:

Signed: Date:

Office Use Only: PATIENT REQUEST

ID Verification:

Photo ID: Type _____ Seen by (initials): _____

Other ID: Type _____ Seen by (initials): _____

Patient Access Registration Form:

- Printed
- Given to patient

Email and Mobile Contact:

- Consent entered
- Alert added

Please fill in this section IF YOU ARE ASKING FOR PROXY ACCESS TO A PATIENT and return to Reception:

I would like to register as an **Online Patient Access PROXY** for a patient/patients at Len Valley Practice.

NB: Once a child reaches the age of 16 they have the right to have any Proxy access to their records disabled.

You will need:

- 1) You must come to the surgery with two forms of ID for yourself;
 - 1 - One **MUST** be a **photo ID** e.g. Passport, Drivers licence etc.
 - 2 - One **MUST** have your **current address** e.g. Utility Bill
- 2) You must provide some form of ID for each patient that you are requesting access to e.g. Birth Certificate. **NB:** Originals only.

□□□ / □□□ / □□□□□

Applicant's Name:

Date of Birth:

Please tick **ONE** of the following options:

I already have my own Online Patient Access account with a login and password.

OR I need to set up an Online Patient Access account. **Please ALSO fill in the front of this form.**

I am requesting access to the following patient(s)

□□□ / □□□ / □□□□□

(1) Patient's Name: Date of Birth:

Your relationship to the patient:

□□□ / □□□ / □□□□□

(2) Patient's Name: Date of Birth:

Your relationship to the patient:

□□□ / □□□ / □□□□□

(3) Patient's Name: Date of Birth:

Your relationship to the patient:

□□□ / □□□ / □□□□□

(4) Patient's Name: Date of Birth:

Your relationship to the patient:

Signed: Date:

Office Use Only: PROXY ACCESS REQUEST

ID Verification for PROXY:

Photo ID: Type _____ Seen by (initials): _____

Other ID: Type _____ Seen by (initials): _____

ID Verification for PATIENTS: ORIGINALS ONLY

Patient 1) Type of ID seen: _____ Seen by (initials): _____

Patient 2) Type of ID seen: _____ Seen by (initials): _____

Patient 3) Type of ID seen: _____ Seen by (initials): _____

Patient 4) Type of ID seen: _____ Seen by (initials): _____

Patient Access Registration Form:

NO ACCOUNT: Printed Given to patient

GOT ACCOUNT: No Reg Form required as already has account