

SWANSCOMBE & BEAN PARTNERSHIP

Application for Online Access

Surname:		Date of Birth:	
First Name:			
Address:			
Postcode:			
Preferred email address: [not shared]			
Telephone Number:		Mobile number:	

I wish to have access to the following online services [please tick all that apply]:		Tick
1. Booking appointments		
2. Requesting repeat prescriptions only		
3. Accessing my Online Summary [Medications and Allergies] #93440]		

I wish to use Online Services. Please read each statement carefully and tick before signing.		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.		

I understand and agree with all of the above statements

Signature:	Date:
------------	-------

For practise use only

Patient NHS number:		Vision ID number:		Tick
Identity verified by: [initials]	Date:	Method:	Vouching:	
		Vouching with information in record:	Photo ID and proof of address:	
Authorised by:	[#91B]	Date:		
Date account created:				
Date registration letter/token sent:				
Level of access enabled:				