## **Bridgnorth Medical Practice**

Northgate Health Centre, Northgate, Bridgnorth, Shropshire, WV16 4EN Tel: 01746 767121 Fax: 01746 765433

Email: bridgnorth.medicalpractice@nhs.net
www.bridgnorthmedicalpractice.co.uk



PATIENT ONLINE ACCESS: REGISTRATION FORM

Please complete this form and hand it back to Reception. For security reasons you will need to provide ID, we require one piece of level 2 evidence <u>and</u> one piece of level 3 evidence <u>OR</u> two pieces of level 3 evidence. (See back of form) If you are nominating a Proxy, they will also need to provide the ID stated above. Once we have received your form and seen the necessary proof of identity we will post out a printed registration letter to you that will enclose your log in details to register your account. Please note, it is your responsibility when providing your Proxy with your log in details.

account. Please note, it is your responsibility when providing your Proxy with your log in details.							
Patient Section							
Full Name:							
D.O.B:							
Address:							
Mobile No.	Home No.						
Email:							
Proxy Section							
Full Name:							
D.O.B:							
Address:							
Mobile No.	Home No.						
Email:							
I wish to have access to the following Online Services (Tick all that apply): (This level of access will also apply to your Proxy if you request one)							
<ol> <li>Book Routine GP Appointments</li> <li>Request repeat prescriptions</li> <li>View Lab Test Results</li> <li>Access to my Core Summary Record (Allergies &amp; Immunisations)</li> <li>Access to my full coded medical record</li> </ol>							
<ol> <li>I have read and understood the information leaflet provided by the Practice</li> <li>I will be responsible for the security of the information that I see or download</li> <li>If I choose to share my information with anyone else, this is at my own risk</li> <li>I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my consent</li> <li>If I see information in my medical record that is not about me, or is inaccurate I will log out immediately and contact the Practice as soon as possible.</li> </ol>							
Patient Signature:							
Proxy Signature:							
TIONY SIG	IIalui C						

Please return completed form to reception, Thank You.

Date:

## **Partners**

## **Bridgnorth Medical Practice**

Northgate Health Centre, Northgate, Bridgnorth, Shropshire, WV16 4EN

Tel: 01746 767121 Fax: 01746 765433 Email: bridgnorth.medicalpractice@nhs.net www.bridgnorthmedicalpractice.co.uk



Patient EMIS Number: One piece of level 3 evidence OR two pieces of level 3 evidence.							
Level 2 Evidence Fire Arm Certificate	Patient	Proxy	Level 3 Evidence Passport	Patient	Proxy		
DBS Enhanced Disclosure			Government issued ID card that comply with Council				
Birth Certificate			Regulation US Passport Card Retail Bank/Credit Union/				
Adoption Certificate			Building Society current account document				
National 60+ Bus Pass			Student Loan Account Document				
Residential rental or purchase document			Bank Credit Account (Credit Card)				
Proof of age card issued under the Proof of Age Standards			Buy to Let Mortgage Document				
Police warrant card			Armed Forces ID Card Proof of age card issued				
Marriage Certificate			under the Proof of Age Standards				
Fire Brigade ID Card Non-Bank Savings account Mobile Phone Contract Vehicle or Contents Insurance Document	re Brigade ID Card		Mortgage Account Document				
Vouching  How do you know the	Patie	nt Proxy Date	Staf	f Initial			
Staff Initials		Date f	form sent upstairs				
Form scanned to holding folder Appointments granted Prescriptions granted Lab Test Results granted Core Summary Record (Allergi 91B – Code on notes Log in details posted to patient Put form New patient Notes verified To GP to verify Full medical record access grainitials of verifier	es & Imm to scann		s) granted  further access is required Date: Date: Date: Date: Date: Date: Date:				

## **Partners**