WELLINGTON
Medical Practice

Application for Online Access

First Name:	
Surname:	
Date of Birth:	
Address:	
Email Address:	
Home Phone Number:	
Mobile Phone Number:	

I wish to have access to the following Online services: (please tick only one, after you have read the patient information leaflet)

Basic Online Access ☐

Advanced Online Access ☐

I confirm that I wish to access my medical record online and understand and agree to the statements made below:

1) I have read and fully understood the information leaflet that has been given to me by the practice.
2) I will be responsible for the security of the information that I see and download.
3) If I choose to share the information with anyone else this is at my own risk and Wellington Medical Practice are not at fault.
4) If I suspect my account has been accessed by someone without my knowledge I will contact the Practice as soon as possible.
5) If I see information that I think is inaccurate I will contact the Practice in writing as soon as possible.
6) If I feel that someone is pressuring me to gain access to my information I will contact the surgery as soon as possible.

Signature:	Date:

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Wellington
Telford
TF1 1PZ
Tel: 01952 226000 Fax: 01952 226019
www.wellingtonmedicalpractice.co.uk

WELLINGTON

Medical Practice

For Practice Use:

Patient NHS Number	Patient EMIS Number
Identity Verified by and Date:	ID Checks: Information on EMIS Photo ID and proof of Address

Access Authorised by:	Date:
Type of Account applied for:	Passed to GP for checking:
Date Account created:	Date Patient informed of outcome:
Level of Access enabled: Basic Advanced	Notes/ explanation