Twyford Surgery
Registration Form Access to GP Online Services – 16 and Over

Patient

This is the person whose records are being accessed

Date of Birth:	Age:	NHS No:
First Name:		
Middle Names:		
Surname:		
Address:		
Postcode:		

- I give permission to my GP practice to give the representative proxy access to the online services to access my medical records.
- I understand the risks of allowing someone else to have access to my health records.
- I reserve the right to reverse any decision I make in granting proxy access at any time.

Signature of Patient:	Date:

The Representative

This is the person seeking proxy access to the patient's online records

Date of Birth:	NHS No:	Title:
First Name:		
Middle Names:		
Surname:		
Address:		
Postcode:		
Email Address: This email address will be added to the patient record		
Mobile:		
Relationship to Patient:		

- I understand my responsibility for safeguarding sensitive medical information.
- I will be responsible for the security of the information that I see or download
- If I choose to share information with anyone else, this is at my own risk.
- I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement
- If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential.

Signature of Representative:	Date:

For Practice Use Only

Patient Details

Patient's NHS Number:	Date Patient Registered:
Identity Verified By (Print Name):	
Date Verified:	

Method:	Vouching with information in record:	☐
	Birth Certificate	☐
	Passport	☐
	Driving Licence	☐
	Bank Statement	☐
	Other (Please record)	☐

Representative Details:

Representatives NHS Number:	Date Patient Registered:
Identity Verified By (Print Name):	
Date Verified:	

Method:	Vouching with information in record:	☐
	Birth Certificate	☐
	Passport	☐
	Driving Licence	☐
	Bank Statement	☐
	Other (Please record)	☐

Online Services Access Set up By (Print Name):	
Signature:	
Date:	
Email Confirmation Sent to Representative Confirming Set Up:	Yes / No