

Three Spires Medical Practice  
**Application for SystmOnline Access**



**PLEASE BRING ID WITH YOU WHEN RETURNING THIS FORM TO THE PRACTICE**

<b>Patient Details</b> (Please use BLOCK CAPITALS)	
Surname	Date of birth
First name	
Address	
Postcode	
Email address - <b>please print carefully</b>	
Telephone number	Mobile number
Signature	Date
Do you require Access to the phone App (Please be aware you will be sent a separate email for each access)	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Completing the form on behalf of a patient? Please note patient should still sign above unless you are completing as a Medical Power of Attorney (Please show when handing form in unless already registered with surgery) or the child is under the age of 12</b> (Please use BLOCK CAPITALS)	
Forename	
Surname	
Relationship to Patient	
Signature	
Date	

**Please note if requesting proxy access to a child's record.**

Once a patient is twelve years of age any access given to a patient's record will cease. To continue to have access there are 4 options.

1. A parent/guardian can request further access with the patient's permission - to do this the patient should sign this form.
2. The patient can request access themselves if they are deemed competent by their GP – the patient will need to request the GP to sign this form.
3. With parent/guardian consent/control if they are not deemed competent or
4. They can wait until they are 16 and apply again.

**For practice use only**

<i>Identity verified on registration (patients registered after 01/04/2015)</i>		<input type="checkbox"/>
<i>Method</i>	<i>Vouching</i>	<input type="checkbox"/>
	<i>Vouching with information in record</i>	<input type="checkbox"/>
	<i>Photo ID and proof of residence</i>	<input type="checkbox"/>
<i>Identity verified by (initials)</i>		<i>Date</i>
<i>Online access enabled</i>		<i>Date</i>