**PART A: Patient Details and Agreement**

1. **Details of the patient**

|  |  |  |  |
| --- | --- | --- | --- |
| First name |  | | |
| Last name |  | | |
| Address |  | | |
|  | Postcode |  |
| Email Address |  | | |
| Date of Birth |  | NHS number |  |
| Home number |  | Mobile number |  |

1. **Agreement**

In making this application to have access to NHS Wales services by verifying my identity at my GP practice, I agree that:

1. I wish to have access to online digital services.
2. I understand that I will be bound by the NHS login Terms and Conditions that I signed up to when creating my account with NHS login.
3. I will be responsible for the security of any information that I see or download.
4. If I choose to share any information with anyone else, this will be at my own risk.
5. I will contact the practice as soon as possible if I suspect that my information has been accessed without my agreement.
6. I will contact the practice as soon as possible if I believe any information contained in my record relates to another person, is inaccurate, or is incomplete.
7. I will notify the practice if I think another person may put me under pressure to access online services accessed by NHS login.
8. **Signature of applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | Date |  |

**Information for the patient:** You can report any concerns, and/or can request that your practice remove your online access to specific online GP services by contacting the practice during opening hours.

**PART B: For Practice Use Only**

1. **Type of Verification**

Type of verification used to identify the patient.

|  |  |
| --- | --- |
| Documentary evidence |  |
| Vouching with reference to the health record |  |
| Vouching with reference to the health record and documentary evidence of identity |  |

*Where the patient’s identity is verified outside of the practice, give details about how the patient’s identity has been verified, with reference to information contained in the health record of the individual.*

|  |
| --- |
|  |

1. **Identity documents provided:**

|  |  |  |
| --- | --- | --- |
| **No.** | **Document** | **Level** |
| 1. |  |  |
| 2. |  |  |

1. **Verification of identity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Patient identity confirmed** | | Yes | | No | |
| **Name** |  | | | | |
| **Position** |  | | | | |
| **Professional Body\*** |  | | Registration Number | |  |

*\*Where applicable*

***Note:*** *The patient will by default be able to access those services provided to all patients at the GP practice. Practices should bear in mind that it will be necessary to consider clinical assurance where the practice provides access to summary care records and detailed coded health records.*