Application form for opt out to the practice online services

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname | Date of birth | | | | |
| First name | | | | | |
| Address  Postcode | | | | | |
| Email address | | | | | |
| Telephone number | | Mobile number | | | |
| I wish to opt out of access to my own health record | | | | | □ |
| Signature Date | | | | |  |
| For practice use only | | |  | |  |
| |  |  | | --- | --- | | Identity verified by (initials)  Date | Practice computer ID number | | | | |  | | --- | | Practice computer ID number | | | |  |  | | --- | --- | |  | Practice computer ID number | |
| Patient NHS number | | | | |  |
| Date access opt out | | | | Date | |
| Date patient informed – or message added to clinical notes due to SMS message | | | | | |
| Additional notes | | |  | | |