Application form for opt out to the practice online services

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| AddressPostcode |
| 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 |

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|  |
| --- |
| Practice computer ID number |

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|  |  |
| --- | --- |
|  | Practice computer ID number |

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| Patient NHS number |  |
| Date access opt out | Date |
| Date patient informed – or message added to clinical notes due to SMS message |
|  Additional notes |  |