The Grange, Greenview & Kinsley Medical Centres

Request for Removal of Online Access to Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |
| **Address** |  **Postcode:** |
| **Email Address** |  |
| **Mobile Phone** |  |

|  |  |
| --- | --- |
| I am requesting the removal of access to my own online services |  |
| I am requesting the removal of a user who has proxy access to my online services |  |
| *Users Name:*  |  |
| *Reason for removal:* |  |

**Your Signature: Date:**

**Please return this form to Reception**

|  |
| --- |
| **ADMIN STAFF USE** |
| **Patient NHS No:** |  |
| **Request Sent to (GP):** |  | **Date:** |  |
| **Account removed by:** |  | **Date:** |  |
| Notes: |
|
| **GP USE** |
| **GP Name:** |
| **I have assessed the application for removal of proxy access and feel that proxy access** should /should not **be removed (*delete as appropriate)*****Signature of GP ………………………………………….Date…………………………………****Please return this form to Reception when completed.** |