

STATION HOUSE SURGERY

Registration form for Access to GP online services

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Home Telephone number		Mobile number	

I wish to have access to the following online services (tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing the summary of my medical record (Medication, Allergies, Immunisations)	<input type="checkbox"/>

Application for online access to my medical record – to be completed if patient wishes to have access

I wish to access my medical record online and understand and agree with each statement (please tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>
6. If I feel if I am being coerced into revealing details from my record I shall contact the surgery to remove this access	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified through (tick all that apply)	Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Vouching <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			
EMIS No			