



Online Access Registration Form

This service is NOT available for 11 – 16 year olds due to data protection protocols.

Surname:	D.O.B:
First name:	
Address:	
Postcode:	
Email:	
Tel:	Mob:

We are pleased to offer a new extra service of SMS text message reminders for all of our face to face pre-booked appointments. Please notify us if you **do not** wish to use this service by ticking this box:

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my partial medical summary	<input type="checkbox"/>

Please be aware that patients requesting to access their partial medical summary will need to provide photo ID (Passport or Driving Licence) when submitting their application.

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 chose 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 is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. I understand that it may take a few weeks to obtain access to my partial medical summary online. This includes current medication and allergies	<input type="checkbox"/>

Signature:	Date:
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For practice use only.

Patient NHS Number:		Practice EMIS ID number:	
Identity verified by (initials):	Date:	Method:	
		Vouching	<input type="checkbox"/>
		Vouching with information in record	<input type="checkbox"/>
		Photo ID & proof of residence	<input type="checkbox"/>
Date account created:			