|  |  |
| --- | --- |
| Surname | Date of birth |
| Forename(s) |
| Address   Postcode  |
| Email address\* |
| Telephone number | Mobile number |
| **PLEASE ATTACH PROOF OF PHOTO IDENTITY TO YOUR APPLICATION** |

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

|  |  |
| --- | --- |
| 1. Booking appointments
 |  |
| 1. Requesting repeat prescriptions
 |  |
| 1. Accessing my more detailed medical record
 |  |

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

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice
 |  |
| 1. I will be responsible for the security of the information that I see or download
 |  |
| 1. If I choose to share my information with anyone else, this is at my own risk
 |  |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 |  |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible
 |  |
| 1. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress
 |  |
| 1. I understand the information may not be a complete record and I should not rely on it for insurance purposes
 |  |
| 1. I understand that I may see results online before the practice has been able to contact me. This maybe while the surgery is closed or there is no-one available to discuss them with me
 |  |
| 1. I agree that the email address provided is solely in my name and not a shared account
 |  |

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |  |
| --- | --- | --- |
| Date: | Identity verified by (initials) | Photo ID and proof of residence Passport :Driving Licence :Bus Pass :Birth Certificate :Student Card : |
| Authorised by  | Date |
| Date account created  |
| Patient NHS number |
| Practice computer ID number: G81029 |
| Registered: Lloyd: Notes: GP: | Code: |