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| Stokenchurch Medical Centre, Oxford Road, Stokenchurch, Buckinghamshire, HP14 3XS |

**Patient Online: registration form Access to GP online services**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Date of birth |  | | |
| Address |  | | |
| Postcode |  | | |
| Email address |  | Usual GP |  |
| Telephone number |  | Mobile number |  |

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

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my medical record - Medication and Allergies*\** | 🞏 |
| 1. Accessing my medical record – Test results and immunisations*\** | 🞏 |
| 1. Accessing my medical record – Problems, Consultations *\** | 🞏 |
| 1. Accessing my medical record - Documents & letters\*\* |  |

# *\*When made available at this GP Practice (March 2015 – March 2016) \*\*When made available at this GP Practice*

# Application for online access to my medical record

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 | 🞏 |
| 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 it not about me, or is inaccurate I will log out immediately and contact the practice immediately via ‘*Secure Messaging’* within my Patient Access (if available) account or I will contact the practice by telephone after 2pm | 🞏 |
| 1. If I have access to my childs record I understand that this will be switched off on the childs 11th birthday | 🞏 |

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

### For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Photo ID 🞏  Proof of residence 🞏 | Name of verifier | Date |
| Name of person who authorised  (if applicable) |  | | Date |
| Date account created |  | | |
| Date passphrase sent |  | | |