Riverside Surgery George Street, High Wycombe HP11 2RZ 01494 526500

Patient Registration Form for Access to Online Services

"Over 16's only"

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	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record - Medication and Allergies*	☐
4. Accessing my medical record – Test results and immunisations*	☐
5. Accessing my medical record – Problems, Consultations *	☐

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

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	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
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 immediately via '*Secure Messaging'* within my Patient Access (if available) account or I will contact the practice by telephone after 2pm	☐

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			