

Ainsdale Medical Centre



(Form A) Application for on-line transactional services

(Ordering medication and booking appointments)

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

I wish to use on-line transactional services via Patient Access and I understand and agree with each statement below (tick each box)

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 is not about me or is inaccurate, I will contact the practice as soon as possible.	<input type="checkbox"/>
6. If I do see information about another person, whether I know them or not, I will not discuss the details with anyone other than a member of practice staff.	<input type="checkbox"/>

Other transactional services might be added in the future at the practice's discretion without informing the patient other than by notices placed in the surgery and on our website.

Signature:	Date: / /
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For practice use only

Record of ID provided (1 photo; 1 address)	Checked	Checked by:
ID 1. _____	<input type="checkbox"/>	Date:
ID 2. _____	<input type="checkbox"/>	Counter-signed by:
		Date:
Notes		