



Patient Access

Book Appointments and View your Medical Record Online

To register for online services you will need to complete this Terms of Use form and then bring it to the Surgery with photo ID so Reception staff can verify your identity. They will then give you the unique codes document that will allow you to complete your registration.

Being able to see your record online might help you to manage your medical conditions. It also means that you can access it from anywhere in the world should you require medical treatment. If you decide not to join or wish to withdraw, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

ONLINE SERVICES TERMS OF USE

Please tick this box if you had online access to your record at your previous surgery

I wish to register for Patient Access and understand and agree with each statement

1) I have read and understood the information above 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 this 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 the account has been accessed by someone without my agreement	<input type="checkbox"/>
5) If I see information in the record that is inaccurate or not about me/the person for whom I am a Proxy, I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Your name : (PLEASE PRINT CLEARLY) _____ Date of birth: _____

Signature : _____ Date : _____

EMAIL address (PLEASE PRINT CLEARLY): _____

Your email address needs to be in your medical record in order to set up your online account.

Please tick this box if you **DO NOT** wish to receive any emails from us

MOBILE number: _____

Your mobile number is not needed to set up your online account. However, if you provide a mobile number you will be able to recover a forgotten password or link details yourself without contacting the Surgery. We will also be able to send you appointment reminders and other medically relevant information.

Please tick this box if you **DO NOT** wish to receive any texts from us

Office use only :

Identification documents seen Name _____ Signature _____

PIN document Patient check Details checked/updated Settings checked/updated

Version: November 2020