Rosebank Health	**Access to Online Patient Services** **(Appointments, Prescriptions, Records)**

You can now use the internet to book appointments, request repeat prescriptions and view some of your medical records. This includes immunisations, test results, allergies, diagnoses and your appointment history.

After submitting the attached form and providing the necessary identification, you will receive an email explaining how to register for Patient Services Online. You will be asked to create a username and password to ensure only you are able to access this service, unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

If you wish to register, please complete this form and return it in person with your proof of address and photo ID to either Rosebank or Severnvale Surgery. The types of acceptable ID are detailed on the form. This proof will need to be brought in by yourself and not anyone else, such as a member of your family.

Children under the age of 13 can be registered to a parents email address although this will expire on their 13th birthday, where they will have to register themselves. Children between the ages of 13-16 must register themselves.

The ID requirements are set by the government at a high level in order to protect patient confidentiality. The surgery must abide by these requirements. If you cannot provide the necessary ID, please email the surgery using: rosebank.admin@nhs.net.

Surname	Date of birth
First name	
Address	
Postcode	
Email (please complete in block capitals and ensure it is clear which characters are letters and number e.g. 0 and O)	
Phone number	Mobile

Please select the online Patient Services you would like access to:
- ☐ Book appointments online and request my repeat prescriptions
- ☐ View my medical records (this may take longer to arrange as GP review is required)

I understand and agree with each statement below:
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 is not about me or is inaccurate, I will contact the practice as soon as possible

Signature	Date