



# Patient Online: Registration Form

## Access to GP online services

|                  |  |               |  |
|------------------|--|---------------|--|
| Surname          |  |               |  |
| First name       |  |               |  |
| Date of birth    |  |               |  |
| Address          |  |               |  |
| Postcode         |  |               |  |
| Email address    |  |               |  |
| Telephone number |  | Mobile number |  |

### 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  | <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 log out immediately and contact the practice as soon as possible | <input type="checkbox"/> |      |  |
| Signature   |                          | Date |  |

### For practice use only

|                           |  |                  |      |
|---------------------------|--|------------------|------|
| Identity verified through | <b>Either</b> Photo ID <input type="checkbox"/> DL / Passport - (circle which one seen)                      | Name of verifier | Date |
| Emis No:                  | <b>OR</b> Other Photo ID <input type="checkbox"/> _____<br>& Proof of Address <input type="checkbox"/> _____ |                  |      |
|                           | Pin details given to patient <input type="checkbox"/>  | Date             |      |