

RC  
GP

Royal College of  
General Practitioners

NHS  
England

PATIENT  
→ONLINE

Hartland Way Surgery 1 Hartland Way Shirley CR0 8RG

Surname			
First Name			
Date of birth			
Address			
Postcode			
Email address			
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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Application for online access to my medical record (Tick all to gain access)

- 1) I have read and understand the information leaflet produced 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 log out immediately and contact the practice as soon as possible.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

<b>Signature</b>		<b>Date</b>	
------------------	--	-------------	--

**For practice use only**

Identity verified through (tic all that apply)	Vouching <input type="checkbox"/>	Name of Verifier	Date
	Vouching with info in record <input type="checkbox"/>		
	Photo ID <input type="checkbox"/>		
	Proof of residence <input type="checkbox"/>		
Name of person who authorised if applicable			Date
Date account created			
Date passphrase sent			