



WILLOW GREEN SURGERY Access to On Line GP Services Form

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, Requesting Repeat Prescriptions, Accessing Medical Summary - <i>Online Access should be granted within 30 days you will be contacted to collect log in details from surgery when this is granted.</i>	<input type="checkbox"/>
2. Access to my Detailed Coded Record - <i>Please be aware access to detailed coded records can take some time before it is available for you to view. This is due to the timely process of all your medical records arriving at the surgery. You will be informed Via the system on line with a message saying you have been granted Detailed Coded Records.</i>	<input type="checkbox"/>

Access to my medical record declaration

I wish to access my medical record online and understand and agree with each statement (please tick)

1. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
4. 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"/>
5. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>

Signature	Date

For Practice use only

Identity verified – Photo ID + Proof of Address <small>Unable to grant if not seen</small>	Photo Id Seen	Proof of address seen	Date
Staff Signature & Initials			Date