



Willow Green Surgery	
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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	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>
4. Access to my Detailed Coded Record	<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	
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Detailed Coded record Access should be granted within 20 days of return of this form.

For Practice use only

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