

Newbury Street Practice
Patient Online registration form for Online Services

If you would like to register to use our Online Services, please complete this form and hand it to the receptionist with **two forms of ID: one should be photographic; either a passport or driving licence. If you have neither, please discuss this with the receptionist. The second should be an official document confirming your address e.g. a bank statement or utility bill. The receptionist will take a copy of the documents and return them to you immediately.**

Surname		First name	
Address			
Postcode		Date of birth	
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. SMS text reminders for appointments	<input type="checkbox"/>

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 it not about me, or is inaccurate I will contact the practice as soon as possible	<input type="checkbox"/>

Account details

I wish to have my account details sent back to me via email Do not request this option if anyone other than yourself has access to your email account. Full login information for access to your medical record will be in the email.	<input type="checkbox"/>
I wish to collect my account details from reception – you must collect it in person	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified via	Vouching <input type="checkbox"/> Photo ID & Proof of residence <input type="checkbox"/>	Name of verifier (Reception)	Date
Name of person who authorised		Date	
NHS number		Practice computer ID number	
Date account created		Date passphrase sent & Method	Email <input type="checkbox"/> Desk <input type="checkbox"/>
Level of record access	<input type="checkbox"/> All except free text from 1.08.2017 and Documents from 01.08.2017 <input type="checkbox"/> All Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>		
Documents scanned to record	<input type="checkbox"/>	Signature of Patient if collecting account details in person?	