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| **Goring & Woodcote Medical Practice**  |

**Patient Online Access : Registration and Consent Form**

**Please use capital letters and write clearly**

|  |  |
| --- | --- |
| Surname |  |
| First name |  |
| Date of birth |  |
| Address |  |
| Email address |  |
| Home Tel No. |  | Mobile No. |  |

**Access to GP online services**

I wish to have access to the following online services (tick all that apply):

|  |  |
| --- | --- |
| 1. 1. Booking appointments online
 |  |
| 1. 2. Requesting repeat prescriptions online
 |  |
| 1. 3. Online access to medications, allergies, immunisations
 |  |
| 1. 4. Online access to results and other coded data in my medical record
 |  |

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

|  |  |
| --- | --- |
| 1. 5. I have read and understood the information provided by the Practice
 |  |
| 1. 6. I will be responsible for the security of the information that I see or download
 |  |
| 1. 7. If I choose to share my information with anyone else, this is at my own risk
 |  |
| 1. 8. I will contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 |  |
| 1. 9. If I see information in my medical record that it not about me, or is inaccurate I will log out immediately and contact the Practice as soon as possible
 |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Signature |  | Date |  |

**For Reception use only:**

|  |  |  |
| --- | --- | --- |
| **Identity verified** ***(originals seen by receptionist)*** | **1. Photo ID – Photo card drivers licence OR Photo ID – passport****2. Proof of residence** **Password given for appointments & repeat prescriptions.** **Pass form to Administrator**  | **Receptionist:** **Date:****Date:****Receptionist:** |

**For Administrator use only:**

|  |  |  |
| --- | --- | --- |
| **Access to immunisations, allergies and medications** | **Administrator Name :** | **Date** |
| **New registration:****Notes summarised** | **Administrator Name :** | **Date** |
| **GP approved****(results & coded data)** | **GP Name:** | **Date** |
| **Administrator access given and sent for scanning** | **Administrator Name :** | **Date** |