# .The New Surgery, Chess Medical Centre, 260-290 Berkhampstead Road, Chesham HP5 3EZ

# Registration Form for Access to GP Online Services

|  |  |
| --- | --- |
| Surname  | Date of birth |
| First name |
| AddressPostcode |
| Email address |
| Home Telephone number | Mobile number |

1. **ACCESS TO ONLINE SERVICES**

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

|  |  |
| --- | --- |
| 1. Booking appointments
 | 🞏 |
| 1. Requesting repeat prescriptions
 | 🞏 |
| 1. Viewing my Summary Care Record (medications & allergies)
 | 🞏 |

1. **ACCESS TO MY MEDICAL RECORD**

I also wish to request access to my medical record ***(access requires GP approval and allows access to parts of your medical record, eg test results, immunisations, previous illnesses)***

|  |  |
| --- | --- |
| 1. Access to my medical record
 | 🞏 |

If access to my medical record is approved, I agree to the following:

|  |
| --- |
| * I have read and understood the information leaflet provided by the practice
* I will be responsible for the security of the information that I see or download
 |
| * If I choose to share my information with anyone else, this is at my own risk
 |
| * I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 |
| Signed: Date: |

### **For practice use only**

|  |  |  |
| --- | --- | --- |
| Identity verified through (tick all that apply) | Vouching 🞏Vouching with information in record 🞏Photo ID and proof of residence 🞏 Proof of residence 🞏 | Name of verifierDate |
| Name of authorising GP (if applicable)  | Date sent to GP | Approved on |
| Date account created  |
| Date linkage key/account ID provided to patient |

Updated: Jul22