# .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 | |
| Address  Postcode | |
| 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 verifier  Date |
| 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