

Cookham Medical Centre
Application Form for Access to GP Online Services

Name			
Date of Birth			
Address (inc. Post code)			
Email address			
Home Telephone Number		Mobile Telephone Number	

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

1. Booking & cancelling appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record – Medications & Allergies & Immunisations	<input type="checkbox"/>
4. Accessing my medical record – Test results	<input type="checkbox"/>
5. Accessing my medical record – Problems, History & Consultations	<input type="checkbox"/>

If requesting Access to Medical Records (no 3-5) please complete the table below

I wish to access my medical record online. I 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, download or print	<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 is not about me, or is inaccurate, I will log out immediately and contact the Practice	<input type="checkbox"/>
6. If I have access to my child's record I understand that this will be switched off on the child's 11 th birthday and only renewed with the child's consent	<input type="checkbox"/>

Signature		Date	
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For Practice use only

Identity verified through (tick all that apply)	Photo ID – driving licence <input type="checkbox"/>	Name of verifier	Date
	Photo ID – passport <input type="checkbox"/>		
	Photo ID – other <input type="checkbox"/>		
	No Photo ID available – please state _____ <input type="checkbox"/>		
Date log in details issued			
Access to medical records requested	Access granted? Authorisation by: Access activated by: Patient informed if access declined Yes/No/Not Applicable	Yes/No Date: Date: Date:	