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Patient Online registration form: Access to GP online services

(Under 16s will only be granted access to appointments and ordering of prescriptions)

Name			
Date of birth			
Address			
Postcode			
Email address		Usual GP	
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 - Medication and Allergies*	<input type="checkbox"/>
4. Accessing my medical record – Test results and immunisations*	<input type="checkbox"/>
5. Accessing my medical record – Problems, Consultations *	<input type="checkbox"/>

*When made available at this GP Practice (March 2015 – March 2016)

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 log out immediately and contact the practice by telephone as soon as reasonably practical.	<input type="checkbox"/>
6. If I have access to my childs full record I understand that this will be switched off on the childs 11 th birthday and I will need to contact the practice	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/>	Name of verifier	Date
	Vouching with information in record <input type="checkbox"/>		
	Photo ID <input type="checkbox"/>		
	Proof of residence <input type="checkbox"/>		
Name of person who authorised (if applicable)			Date
Date account created			
Date passphrase sent			

Please read the important information about accessing your medical record online

www.highfieldsurgeryhazlemere.co.uk