

**Patient Online: registration form Access to GP online services**

Name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

- **Available at this GP Practice from 1<sup>st</sup> April 2016. Existing patients will be able to see their medical record items entered on/after 1/4/16. New patients from date of registration onwards.**

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

1. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. 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"/>
4. If I see information in my record that it not about me or is inaccurate, I will log out immediately and contact the practice as per process available on their website.	<input type="checkbox"/>

Signature		Date	
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**For practice use only**

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