HANWAY MEDICAL PRACTICE
ONLINE SERVICES REGISTRATION FORM

To register for online services please complete this form and return it to the surgery in person **along with 2 valid forms of identification, one must contain a photograph i.e. passport or driving licence plus one other form of ID (not a utility bill).** Once you have registered the Surgery will ***email*** you the information required to create a username and password.

FULL NAME……

DATE OF BIRTH…….....

EMAIL ADDRESS ……
(this may be used to send you notifications and reminders by the surgery)

Mobile No…….....
(this may be used to send you notifications and reminders by the surgery)

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

1. Booking appointments		2. Requesting repeat prescriptions	
3. I wish to access my summary record online and understand and agree with each statement below *(please tick all below to verify)*			
4. Access to coded medical records online and understand and agree with each statement below *(please tick all below to verify)*			
3a) I will be responsible for the security of the information that I see or download			
3b) If I choose to share my information with anyone else, this is at my own risk			
3c) If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible			

SIGNATURE…… DATE……

COMPLETING THE FORM ON BEHALF OF THE PATIENT

FULL NAME…….

RELATIONSHIP TO PATIENT……..

SIGNATURE…… DATE……

FOR STAFF USE ONLY

Patients NHS No……

Photo ID and proof of address seen **YES / NO** Vouched by member of staff YES / **NO** (staff initials)

Access Enabled: Prescriptions **YES / NO** Appointments **YES / NO**
Access to Summary Medical Records **YES / NO** Coded Record **YES / NO**

Staff Name…… Date…….

Updated: 1 March 2016