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| **CROSS KEYS PRACTICE**  High Street, Princes Risborough, Buckinghamshire, HP27 0AX  Telephone : 01844 344488 |

**PATIENT ONLINE: REGISTRATION FORM FOR ACCESS TO GP ONLINE SERVICES (AGE 16 & OVER)**

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

**I WISH TO HAVE ACCESS TO THE FOLLOWING ONLINE SERVICES (TICK ALL THAT APPLY):**

**Access (please tick)**

|  |  |
| --- | --- |
| Accessing my medical record - Medication and allergies |  |
| Accessing my medical record - Test results and immunisations |  |
| Accessing my medical record - Problems, consultations and letters |  |

Available at this GP Practice from 1st April 2016

Existing patients will be able to see their medical record items entered on/after 1st April 2016. New patients will be able to see records from date of registration onwards.

***I WISH TO ACCESS MY MEDICAL RECORD ONLINE AND UNDERSTAND AND AGREE WITH EACH STATEMENT* (PLEASE TICK)**

|  |  |
| --- | --- |
| 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 be accessed by someone without my agreement |  |
| If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice immediately via Secure Messaging within my Patient Access account or I will contact the practice by telephone after 2pm |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through (tick all that apply) | Vouching □  Vouching with information in record □  Photo ID □  Proof of residence □ | Name of verifier | Date |
| Name of person who authorised (if applicable) and date |  |
| Date account created |  | Date passphrase sent |  |

**FOR PRACTICE USE ONLY**

**Request for access to GP online services**

1. Complete the attached form
2. Bring the completed form to the surgery in person with 2 forms of ID, one Photo ID and one with proof of address
3. At the surgery, one of our reception team will verify your identity and take the completed form
4. The form will be passed to your GP for authorisation
5. Once authorised, you will be contacted with your log in details

PLEASE DO NOT EMAIL YOUR COMPLETED FORM AS YOUR IDENTITY NEEDS TO BE VERIFIED