

**MEADOWHEAD GROUP PRACTICE
ONLINE ACCESS REGISTRATION FORM
ACCESS TO GP ONLINE SERVICES**

Surname			
First Name			
Date of Birth			
Address			
Postcode			
Email address			
Telephone Number		Mobile	

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

- Booking appointments
- Requesting repeat prescriptions
- Accessing my Summary Record.

Application for online access to my Summary Record

I wish to access my medical record online and understand and agree with each statement :

1. I will be responsible for the security of the information that I see or download
2. If I choose to share my information with anyone else, this is at my own risk
3. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
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 soon as possible

Please bring with you proof of identity, ie driving licence, passport.

You will be given login details, so you will need to think of a password which is unique to you. This will ensure that only you are able to access your record – unless you choose to share your details with a family member or carer.

The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

Signature		Date	
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