

## On-line Services for Patients

We provide on line services for our patients. These services enable you to order repeat prescriptions, make appointments and view a summary of your patient record on line. If you would like to register for these services, please complete the section below.

I understand and agree with each statement: -

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

If I suspect that my account has been accessed by someone without my agreement,  
I will contact the practice as soon as possible.

If I see information in my record that is not about me or is inaccurate,  
I will contact the practice as soon as possible.

If I think that I may come under pressure to give access to someone else unwillingly,  
I will contact the practice as soon as possible.

Signature of Patient.....Date .....

Name ..... NHS Number .....

DOB.....Email .....

**Thank you for filling in our questionnaire. When returning please ensure you provide photographic ID such as driving licence or passport AND a document to confirm your address, such as a utility bill, bank statement or rent book.**

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**Staff to complete:**

Type of photo ID checked Passport/Driving Licence/Other ID and document number

Proof of address checked .....

Signed ..... Date .....