

Stickney Surgery

Application for online access to my Summary record

Please note relevant identification will need to be seen by a member of staff (or vouched for) before the application can be processed.

Surname			
First 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)

I confirm that I am over 16 years of age

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my Summary record	<input type="checkbox"/>

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

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
5. If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
-----------	--	------	--

For practice use only

Identity Verification (tick all that apply)	<input type="checkbox"/> Documents provided <input type="checkbox"/> Vouched for	Name of Verifier	Date
Account ID given by	<input type="checkbox"/> Printout <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Verbally		