

PARK GREEN SURGERY

Waters Green Medical Centre • Sunderland Street • Macclesfield • Cheshire • SK11 6JL

Tel: 01625 429555 • Fax: 01625 502950

PATIENT ONLINE ACCESS – Patient Registration Form (≥16yr)

SURNAME	
FIRST NAME	
DATE OF BIRTH	DD / MM / YYYY ≥16yr
ADDRESS	
POSTCODE	
EMAIL ADDRESS	
HOME TELEPHONE	
MOBILE TELEPHONE	
<i>IN PROVIDING YOUR MOBILE NUMBER, YOU CONSENT TO THE SURGERY SENDING YOU TEXT MESSAGES REGARDING APPOINTMENTS, PRESCRIPTIONS, RESULTS AND REVIEWS</i>	

To access this online system, including medical records, you will need to bring in proof of ID:

- Photo identity such as passport or driving licence.
- Proof of your address, such as recent council tax bill or utility bill (not mobile phone bills)

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

1. Booking appointments	<input type="checkbox"/>			
2. Requesting repeat prescriptions	<input type="checkbox"/>			
3. Accessing my medical records	<input type="checkbox"/>	- subject to GP approval:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Application for online access to my medical records

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

1. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. I will change my password and/or contact the Practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
4. If I see information in my record relating to someone else, or is inaccurate, I will log out immediately and contact the Practice as soon as possible	<input type="checkbox"/>

Signature		Date	
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For office use only:

Proof of ID seen:	<input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence	Date account created	Date PIN sent
<input type="checkbox"/> Other – specify:		DD / MM / YYYY	DD / MM / YYYY
Initials of verifier:	Date seen:		by <input type="checkbox"/> letter or <input type="checkbox"/> email