# Application for online access to my medical record, on-line appointment booking and repeat prescriptions.

#  Please present completed form in person with Photo ID such as Passport or Driving Licence

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name |
| Address    Postcode  |
| Email address |
| Telephone number | Mobile number |

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

|  |  |
| --- | --- |
| 1. Booking appointments
 | 🞏 |
| 1. Requesting repeat prescriptions (Currently only available through our website – www.twyfordsurgeryberkshire.co.uk)
 | 🞏 |
| 1. Accessing my medical record (currently only Medication, Allergies & Adverse Reactions are available)
 | 🞏 |

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

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice
 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible
 | 🞏 |

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

### For practice use only

|  |  |
| --- | --- |
| Patient NHS number | Date Read code 91B.000 enteredBy (initials) |
| Identity verified by(initials) | Date | MethodPhoto ID 🞏 Type Proof of residence 🞏 if applicable |
| Date account created By (initials) | Date passphrase collectedBy (initials) |
| Date Read code 93440 enteredBy (initials) | Notes |