

Application for Patient Online Access – Alderwood Medical Practice

Please complete the following information to allow us to set up access to our secure online services.

More information on the services available online can be found on the practice website alderwoodmedicalpractice.co.uk

We will then supply registration documents with a personalised access code.

Surname			
Address			
Phone number		Mobile	
Email			
I wish to have access to the following information (tick those which apply):			
Booking appointments			
Requesting repeat prescriptions			
Accessing my medical record			

I wish to access my health record online and understand and agree with the following statements:

I have read and understood the information leaflets available through the practice website.	
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	
Date	