

## St. Peter's Surgery

### Application for Basic Access to On-line Services

To register for basic access to on-line services: 24/7 appointment booking/cancellations, ordering of repeat prescriptions and viewing your summary care record. This service is free to our patients and is very easy to set up and use, (See Practice Guidance Leaflet). On completion of this form and verification of your identity you will be given a user Linkage Key and Account ID to enable you to complete your on-line registration for on-line service access.

#### Section 1 – Application for Basic Access to On-Line Services

Patient Name:	Date of Birth
Address:	
Telephone No:	E-mail Address:  <i>This e-mail address must be unique to you</i>
Mobile No:	
1. I want on-line access to appointment booking/cancellation, ordering of repeat medication and my summary care record (allergies, medications and immunisations)	<input type="checkbox"/>
2. I have read and understood the terms and conditions information provided by the practice (Terms and conditions available on line at <a href="http://www.stpeterssurgery.com">www.stpeterssurgery.com</a> )	<input type="checkbox"/>
3. I will be responsible for the confidentiality and security of the information that I see or download	<input type="checkbox"/>
4. If I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
5. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
6. If I see information in the record that is not about me, or is inaccurate, I will inform the practice as soon as possible. I accept Information not about me is strictly confidential.	<input type="checkbox"/>
<b>All boxes will need to be ticked before approval can be granted</b>	
Signed:	Date:
Note: If you are registering for a child under 12 years, please insert write your name and relationship here:	
Parent/Guardian Name:	Relationship:

#### For practice use only

Patient's EMIS ID number		Patient's NHS number
Identity verified by (Staff initials)	Date	Method of verification – Vouched by GP (Limited ID available) <input type="checkbox"/> Photo ID – Passport and /or driving licence / other <input type="checkbox"/> Proof of residence – bank statement utility bill <i>(dated in the last 3 months)</i> <input type="checkbox"/> Check E-mail address is unique to patient <input type="checkbox"/>
Access authorised by (Staff initials)	Date	Patient details checked Verified with EMIS details <input type="checkbox"/>
Date account created and access details provided		
Notes / comments on proxy access		