



JOHN HAMPDEN SURGERY
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Patient Online: Registration form Access to GP online services 16 years and over only

| | | | |
|------------------|--|---------------|--|
| Name | | | |
| Date of birth | | | |
| Address | | | |
| Postcode | | | |
| Email address | | Usual GP | |
| Telephone number | | Mobile number | |

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 record - Medication and Allergies | <input type="checkbox"/> |
| 4. Accessing my medical record – Test results and immunisations | <input type="checkbox"/> |
| 5. Accessing my medical record – Problems, Consultations | <input type="checkbox"/> |
| 6. Accessing my medical record - Documents & letters* | <input type="checkbox"/> |

1. *When made available at this GP Practice

Application for online access to my medical record

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

| | |
|---|--------------------------|
| 1. I have read the NHS England 'It's My Choice' information leaflet provided by the practice and understand that viewing my medical record online is my choice. | <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 it not about me, or is inaccurate I will log out immediately and contact the practice immediately via 'Secure Messaging' within my Patient Access (if available) account or I will contact the practice by telephone after 2pm. | <input type="checkbox"/> |

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

For practice use only

| | | | |
|---|---|---------------------|------|
| Identity verified through (tick all that apply) | Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> | Name of verifier | Date |
| Name of person who authorised (if applicable) | | | Date |
| Date account created | | | |
| Date passphrase sent | | | |
