**HUNTCLIFF SURGERY**

**APPLICATION FORM**

**ON-LINE REPEAT PRESCRIPTIONS**

 **ON-LINE APPOINTMENTS**

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

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

|  |  |
| --- | --- |
| Requesting repeat prescriptions | 🞏 |
| Booking appointments | 🞏 |

I wish to apply for on-line access to order repeat prescriptions and/or use the on-line appointment booking facility. I understand and agree with each statement (please tick)

|  |  |
| --- | --- |
| I have read and understood the information on the reverse of this form | 🞏 |
| 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 | 🞏 |
| I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible | 🞏 |

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

**For practice use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through(tick all that apply) | Photo ID 🞏Proof of residence 🞏 | Name of verifier | Date |
| Name of person who authorised (if applicable) |  | Date |

**Important Information – Please read before returning this form**

If you wish to, you can now use the internet to book appointments with a GP and request repeat prescriptions for any medications you take regularly. You can also still use the telephone or call in to the surgery for any of these services as well. It’s your choice.

**It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.**

If you can’t do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

**If you print out any information, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.**

* **You will be required to supply two forms of identification;**

**One form of photographic ID such as a passport or photo driving licence**

**One form of ID with your current address recorded, such as a utility bill or bank statement.**

* **The practice may not be able to offer online access due to a number of reasons. The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.**

## Before you apply for online access there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

|  |
| --- |
| **Choosing to share your information with someone** It’s up to you whether or not you share your information with others – perhaps family members or carers. It’s your choice, but also your responsibility to keep the information safe and secure.  |
| **Coercion** If you think you may be pressured into revealing details someone else against your will, it is best that you do not register for access at this time. |
| **Information about someone else** If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible. |

***More information***

For more information about keeping your healthcare records safe and secure, you will find a helpful leaflet produced by the NHS in conjunction with the British Computer Society: Keeping your online health and social care records safe and secure <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>