

The Hungerford Medical Centre

Patient Online: Registration form for Access to GP Online Services

(PLEASE NOTE WE ARE UNABLE TO OFFER THIS SERVICE FOR ANY PATIENTS UNDER 16 YEARS OF AGE)

Surname:			
First Name:			
Date of Birth:			
Address:			
Postcode:			
Email address:			
Telephone Number:		Mobile Number:	

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 will be responsible for the security of the information that I see or download	<input type="checkbox"/>
2. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
3. 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"/>
4. If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
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For practice use only

Name, Address and Date of Birth checked against patients record <input type="checkbox"/> Date:
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