GP Surgery Kingston CCG

Application Form for Online Access.

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

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

Booking appointments	☐
Requesting repeat prescriptions	☐

Accessing my medical record	☐
I wish to access my medical record online and understand and agree with each statement (tick) 1. I have read and understood the information leaflet provided by the practice	☐
2. I will be responsible for the security of the information that I see or download	☐
3. If I choose to share my information with anyone else, this is at my own risk	☐
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	☐
6. I understand that my medical record is designed to be used by clinical professionals to ensure that I receive the best possible care. Some of the information within my medical record may be highly technical, written by specialists and not easily understood. It may be best not to access my notes for the first time in the evenings or at weekends, when the surgery may be closed.	☐

Signature	**Date**

For practice use only

Identity verified and password created by	Date	Photo ID and proof of residence ☐ Vouching ☐	
Level of Access Enabled (tick)			
Medication and Allergies	☐	Appointment Booking	☐
Immunisations	☐	Prescription ordering	☐
Results	☐	Access authorised by	
Problems	☐		
All Coded Record	☐	Date	