

<i>Drs Taine, Drake, von Blumenthal, Jackson, Jarvis, Vedavanam & May</i>	
The Medical Centre	Brook End Surgery
Stocks Lane	Brook End
Gamlingay	Potton
Sandy	Sandy
Beds. SG19 3JR	Beds. SG19 2QS
Tel: (01767) 651544	Tel: (01767) 260340

**Request to use online services
(Aged 16 years & over)**

Please complete one form per patient and return to the surgery

Name DOB

Address

Telephone Numbers (Home) (Work)

(Mobile*) *(*by giving us your mobile number (XaQid) you consent to us using it to contact you regarding appointments or services at the surgery).*

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record	<input type="checkbox"/>

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	<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 is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

If you do not attend appointments booked online, the facility will be removed immediately.

By signing this form you take responsibility for keeping this account safe and you acknowledge receipt of your User Name, Password and User Guide. Please note, when using the online booking service, information on past appointments, future appointments and current medication will be visible on the screen. The type of appointment available is at the discretion of the practice.

Signature Date

(Upon receipt of user name & password)

For help in using our online services, please read the User Guide that you have been given. Please ask the reception team if you need any further assistance.

For Practice use only

Patient NHS Number		Surgery (Potton or Gamlingay)	
Identity verified by (name)	Date	Method (tick) Vouching	<input type="checkbox"/>
Authorised by	Date	Vouching with information in record Photo ID and proof of residence seen and copy taken	<input type="checkbox"/> <input type="checkbox"/>
Date online account created			
Date username and password issued			
User name and password issued and signed for (tick)			<input type="checkbox"/>
User guide issued (tick)			<input type="checkbox"/>
Read Code (/online) added (tick)			<input type="checkbox"/>