ROTHWELL & DESBOROUGH HEALTH CARE GROUP

Access to GP online Services

Please complete all areas in CAPITAL LETTERS

Personal Details

Title:	Surname:	First name(s):
Date of Birth:		E-mail address:
Home address: Postcode:		Mobile number: (Required for Text Reminders for appointments) Telephone Number: Home: Work:

On-line account

I wish to have access to the following online service (tick all that apply)	
1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical records	☐

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 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 log out immediately and contact the practice as soon as possible	☐

Signed:	Date:

Text reminders for appointments

Would you like to receive text reminders for appointments?	Yes ☐	No ☐

I consent to the practice contacting me by text message and/or e-mail for the purposes of health promotion, practice news and appointment reminders. I acknowledge that the appointment reminders by text are an additional service and that they may not be sent on all occasions and the responsibility for attending appointments or cancelling them still rests with me. I can cancel the text message facility at any time. Text messages are generated using a secure facility but I understand that they are transmitted over a public network onto a personal telephone and as such may not be secure; however, the practice will not transmit any information which would enable an individual patient to be identified. **I agree to advise the practice if my mobile number changes or if it is no longer in my possession. If I have not informed the practice of a change then I take full responsibility for the practice sending a text to this number if it is no longer used by me.**

Practice Newsletter

Would you like to receive our Quarterly Practice Newsletter? (Please ensure you have given us you e-mail address to subscribe to this)	Yes ☐	No ☐

For practice use only

You must verify either by "Evidence of Identity" or Vouching

Verification Method	**Identity Verified by (Initials) & Date**
Evidence of Identity – UK resident (Photo ID) Passport / Driving Licence / Photo Identity Card	
Vouching	

Subscribed to Practice Newsletter ☐ Log on Details given to Patient ☐ Forward Form to Scanning Team ☐