

Mullion & Constantine Group Practice

Registration Form for Online Services

Available for patients aged 16 and over only

Surname	
First name	
Date of birth	
Address	
Postcode	
Email address	
Telephone number	
Mobile number	<i>When we are given a mobile number we assume consent to use this for contact unless we have explicit dissent</i>

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

- | | |
|---------------------------------------------|--------------------------|
| 1. Booking appointments | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions | <input type="checkbox"/> |
| 3. Accessing my medical records (see below) | <input type="checkbox"/> |

I wish to access my medical records online.

I understand & agree with each statement below (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"/> |
| 5. I understand there may be information I did not know was there (this could include an illness or an upsetting incident). | <input type="checkbox"/> |

Signature		Date	
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An email will be sent to you shortly to verify the address.
Once verified your username and password will be emailed to you.

For Practice use only – reception, please complete the information below before handing to Jo

Identity verification

*NB if this is not completed correctly by reception the registration **cannot be completed***

Vouching (personal)

Photo ID *Driving licence / Passport / Bus pass / other (pls state).....*

Receptionist name:

Date: