**LOSTWITHIEL MEDICAL PRACTICE**

**CONSENT FOR ACCESS TO GP ON-LINE SERVICES**

If you would like to register for our on-line services please complete the form below and return it to reception. You will need to do this IN PERSON and to bring with you two valid forms of identification, one with photographic evidence (eg. driving licence or passport) and one proof of address (eg. council tax bill or bank statement)

**NEW PATIENTS TO THIS SERVICE will need to wait approximately three to four weeks for the service to be authorised and made available**

**FORENAME…………………………………… SURNAME……………………………...**

**MOBILE No…………………………………… e-MAIL…………………………………..**

**ON-LINE ACCESS REQUIRED – PLEASE TICK: Appointments □**

**Prescriptions □**

**Coded records □**

**CONFIRMATION OF UNDERSTANDING RESPONSIBILITIES – PLEASE TICK:**  I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the following statements:

**I have read and understood the information leaflet provided by the practice □**

**I shall be responsible for the security of the information accessed/downloaded □**

**I shall contact the practice at the earliest opportunity if I suspect that the account has been access by someone without my agreement □**

**I shall contact the practice at the earliest opportunity if I find any information in the records that does not relate to me or is inaccurate □**

**I shall treat as confidential any information found that does not relate to me □**

**SIGNATURE OF PATIENT…………………………………………. DATE……………………….**

**PROOF RECEIVED (photographic)………………………………………………………………….**

**RESIDENTIAL…………………………………………………………………………………………..**

**VERIFIED BY …………………. DATE…..................... LEVEL GRANTED…………………**