



Online Services Application Form ADULT

The Richmond Hill Practice

Proof of ID needed

IMPORTANT PATIENT NOTICE

If you already have access but are having problems, DO NOT fill this form in. Please collect a 'What happens next' leaflet from our website or email us patientaccess.p81025@nhs.net

PLEASE USE CAPITALS & PRINT CLEARLY	
Full name:	Date of birth:
Address:	
Email address: (I want to receive my registration details by email)	
OR	
Mobile number: (I want to receive my registration details by text).	

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

(If you don't tick any boxes we will give you limited access)

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Limited access to parts of my detailed medical record e.g. test results, immunisations, problems and allergies.	<input type="checkbox"/>

I wish to access my medical record online and **understand and agree with each statement**

1. I have read and understood the information leaflet provided by the practice (please ask to see a copy or visit our website)	<input checked="" type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input checked="" type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>

P.T.O

I have provided the correct ID

(Photo ID or a letter with current name and address on)

I haven't already filled in a form that looks like this

(If you have completed a form please email patientaccess.p81025@nhs.net with your problem)

Please tick the boxes and sign below if you have actioned.

Signature: _____

Date: _____

Application takes approximately 14 days. Please allow more time during holidays

For office use only:

Practice computer ID number:	Authorised by:	Date:
Level of record access enabled		
Appointments	<input type="checkbox"/>	
Medication	<input type="checkbox"/>	
Details access	<input type="checkbox"/>	