



THE HAVEN PRACTICE

Patient Online Registration Form Access to GP Online Services for 11 to 16 Years

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

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

Booking Appointments	<input type="checkbox"/>
Requesting Repeat Prescriptions	<input type="checkbox"/>
Accessing Detailed Coded Read Access Excluding Free Text, Letters and Documents	<input type="checkbox"/>

Proxy Access

All patients attaining the age of 11 years will be required to apply for access for this service to be continued. If the Patient is between the age of 11 and 16 they can consent to the person holding Parental Responsibility to have access, please complete below.

Name of person holding Parental Responsibility:	
I consent to the person above holding Parental Responsibility to have access to my records:	
Signature of Patient Only	
Date:	

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)

❖ I have read and understood the information on the reverse of this form	<input type="checkbox"/>
❖ I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
❖ If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
❖ 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"/>
❖ If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	
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For practice use only

Identity verified through (tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Name of verifier	Date
Name of person who authorised (if applicable)			Date