

# New Southgate Surgery

## Application for Online Access to Services

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### Section 1 – Your Details

<b>Name</b>		<b>Date of Birth</b>	
<b>Address</b>			
	<b>Postcode:</b>		
<b>Email Address</b>			
<b>Mobile Phone</b>			

I am aged 16 years or above and I am requesting access to my own online services	
I am aged 14–15 and I am requesting access to my own online services <i>(GP Consent Required)</i>	

### Section 2 – Terms of Agreement

**I wish to access my online services and understand and agree with each statement below;**

*(Please tick)*

I have read and understood the information leaflet provided by the Practice about online access	
I will be responsible for the security of my login details as well as any of the information that I see or download	
If I choose to share my information with any else, this is at my own risk	
I understand that abusing the online services offered will result in the online service being removed	
I will contact the Practice as soon as possible if I suspect that my account has been accessed without my agreement.	
If I see information in my record that is not about me or is inaccurate, I will contact the Practice as soon as possible.	
I consent to the Practice using my email address and phone number for reminders and communication from the practice	

### Section 3 – Communication

**Please confirm how you would like to receive your login details;**

I wish to have my login details sent to the EMAIL address provided above	
I wish to have my login details sent by SMS to the mobile number provided above	

*You may receive a verification email/SMS asking you to confirm your identity before your login details can be sent*

### Section 4 - Consent

**Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please return this form to Reception. The Practice will be in contact to confirm your access details.**

*If you require access to another patients records please complete the additional form  
"Application for Online Access to Services for Another Patient"*