



## Application for Online Access to Appointments, Prescriptions and Detailed Coded Record

I would like to apply for a SystmOnline Account giving me the ability to book appointments, order repeat prescriptions and (optional) have limited access to parts of my medical record using the Internet.

- One application form per patient is required.
- Please ensure this form is signed and dated where required.
- Please ensure that information is written clearly and legibly.

Surname:	Date of birth:
First name(s):	
Address (including postcode):	
Email address:	
Telephone number:	Mobile number:

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

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions limited	<input type="checkbox"/>
3. Detailed coded record (optional) <b><i>If ticked, please complete the next section</i></b>	<input type="checkbox"/>

(Optional) I wish to access my medical record online and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the Practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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 type="checkbox"/>
5. I understand my access will be available within the next 28 days	<input type="checkbox"/>

### Collection of Account Details:

Please tick one:

<input type="checkbox"/>	I will bring my photographic identification with me when I return this form and will be issued with my account details
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**OR**

	I would like to nominate the following person:  NAME OF NOMINEE .....to collect my account details on my behalf. They will bring my photographic identification together with this form.
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**I understand that the person collecting my details will have access to my confidential account information and I take full responsibility for any misuse of my account or breaches of confidentiality that may occur as a result.**

**Signed:** ..... **Date:** .....