

ARMADALE GROUP PRACTICE

Application for Online Access

| | |
|---------------------------------------|-------------------------|
| Surname | Date of birth |
| First name | |
| Address | |
| Postcode | |
| Preferred Email address (not shared): | |
| Telephone number | Preferred Mobile number |

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

| | |
|---|--------------------------|
| 1. Booking / cancelling / viewing appointments (not available at the moment) | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions | <input type="checkbox"/> |
| 3. Requesting acute prescriptions | <input type="checkbox"/> |
| 4. Accessing my Online Summary (Medications & Allergies) (#93440) (not available at the moment) | <input type="checkbox"/> |

I wish to use Online Services. Please read each statement carefully and tick before signing.

| | |
|---|--------------------------|
| 1. I have understood the information 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. 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"/> |
| 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 type="checkbox"/> |

I understand and agree with all the above statements:

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

For practice use only

| | | | |
|--|------|--|------|
| Patient CHI number | | Vision ID number | |
| Identity verified by (initials) | Date | Method <div style="text-align: right;"> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> </div> | |
| Authorised by (#91B) | | | Date |
| Date account created | | | |
| Date registration email sent | | | |