

The Symons Medical Centre Online Services Form

I hereby give my consent for The Symons Medical Centre to add the e-mail address below to my medical records for the purposes of accessing services online.

I understand that my e-mail address will not be used for marketing or non-medical purposes and will only be shared with Microtest Ltd (the company responsible for supplying clinical software to the Surgery) who run and administer the online interface with the Surgery.

I understand that the Surgery will make all reasonable attempts to maintain security as appropriate, **but am also aware that information such as prescription confirmations will be sent across the internet by email and these communications are subject to the usual security risks inherent in this type of communication.**

I understand that each medical account must be associated with a unique email address and I will receive an email when my account is activated. I will inform the surgery immediately should my email address change. I also understand that this service is currently being offered on a trial basis and may be withdrawn without notice.

I confirm that I have right to access medical information (such as repeat prescriptions) for the person listed below. **I will provide one piece of photographic ID (eg Driving Licence Photocard)** and one further proof of address at the point of application.

Patient's Name: _____ **Patient's Date of Birth:** / /

E-mail Address:

Repeat E-mail address above:

Signed: _____ Date: / /

PRINT NAME: _____ Adult / Parent / Carer (del as applicable)

TO BE COMPLETED BY SURGERY STAFF ONLY

Registration checked including ID if not previously seen? Yes / No
Parental status/guardianship confirmed? (if applicable) Yes / No