

The Parks Medical Centre
Registration Form for SystemOnline
www.theparksmedicalcentre.com

Patient Name.....Date of Birth.....

Address.....

Telephone no: Home..... Mobile..... Email

Please tick here if you do NOT wish to be contacted by SMS message

You may request to access to SystemOnline for your children under the age of 11 that are living with you at your registered home address. Please list any children that you would like access for OVER THE PAGE. Once the child reaches the age of 11 the access will end. Children aged between 11-16 will need to be assessed by a GP to decide if they are competent to have their own access.

To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you.

Please tick the following services you would like access to:

- Booking and cancelling appointments
- Requesting repeat prescriptions
- Accessing my Summary Care Record
- Access to my full clinical record

Declaration:

- ✓ I have read and understood the information leaflet provided by the practice.
- ✓ I understand that I am responsible for the security of the information that I see or download.
- ✓ I understand that I am responsible for securing the username and password to prevent unauthorised persons from accessing the online records.
- ✓ If I choose to share my information with anyone else, this is at my own risk. If I see information in my/my child's record that is not about me/my child or is inaccurate, I will contact the practice as soon as possible.
- ✓ In the event that mine or my child's security details have been compromised, I will inform the practice immediately so that access can be blocked and a new password issued.
- ✓ If at any time I wish to permanently cease internet access for me or my child, I will inform the practice in writing.

Signature..... Date.....

Practice Use Only

Identity Verified By:

Date:

Method:

Vouching

Photo ID

Proof of residence

Authorised By:

Date:

Date account created:

Date log in details given:

Completed document to be scanned onto patient records.

Child's full name..... Date of Birth.....

Practice to complete:

Address and relationship confirmed as registered user on page 1
Instructions and proxy access given

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Staff name and signature:

Date: