**Sele Medical Practice**

**Application for Online Access to Book Appointments**

**and Order Repeat Medication**

|  |  |
| --- | --- |
| Surname | Date of Birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online services and this includes allergy and immunisation information (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |

More information can be found at:

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

I wish to make appointments and order repeat medication online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information on the website above 2. <http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf> |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 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 |  |

Signature:…………………………………………………………….. Date:…………………………

**Your login details will be posted out to you.**

**For practice use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | | |
| Identity verified by (initials) | Date | Method Vouching  | | |
| Authorised by | | | | Date |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  Appointements 🞏 Repeat medication 🞏 | | | Notes / explanation | |