

## Fownhope Medical Centre

# APPLICATION FOR ONLINE ACCESS

For appointments, prescriptions, allergies, test results, immunisations.  
You must be 16 years or over.

Surname		Date of Birth	
Forenames			
Address			
Email Address			
Telephone Number		Mobile Number	

I wish to have access to the following online services:

- Booking appointments
- Requesting repeat prescriptions
- Viewing basic information: medication, allergies, immunisations and test results

For online access to more detailed information in your medical record, please speak to a Receptionist.

I understand and agree with each statement (please tick):

I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
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"/>
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"/>
If I think that I may come under pressure to give access to someone else unwillingly I will contact the Practice as soon as possible	<input type="checkbox"/>

Signature:		Date:	
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Patient NHS No:		EMIS No:	
Identity verified by:		Date:	
I.D shown:			
Date account created on Emis and password given:			