

MARPLE COTTAGE SURGERY

REQUEST FOR ONLINE BOOKING SYSTEM REGISTRATION DETAILS

In accordance with data protection principles, to enable access to our **Online Appointment Booking & Repeat Prescription services** we require you to complete the details below to confirm that you are consenting to Marple Cottage Surgery releasing these registration details. This form must be handed in to reception in person along with photo identification, such as a passport or driving licence, to be verified.

Name: _____ DOB: _____
Address: _____

I hereby authorise Marple Cottage Surgery to release registration details to allow me to use the Online Appointment Booking & Repeat Prescription system. I understand that it is my responsibility to ensure that the details are kept safe and secure and not shared with anyone else. I understand that email correspondence is not secure.

Signed.....

Print Name.....

Email Address.....

Please tick if you are happy for the Practice to use this e-mail to send your logon ID/passphrase

Date.....

ONLINE MEDICAL RECORD VIEWING CONSENT FORM

To enable access to our Online Medical Record Viewer facility we require you to complete the details below to confirm that you are consenting to Marple Cottage Surgery releasing these registration details.

Please read and understand the Online Medical Record Viewer information leaflet, and sign below to confirm the following:

- *I consent to Marple Cottage Surgery enabling me access to my electronic health record via the internet.*
- *I further agree to use the system in a responsible manner in accordance with all instructions given to me by Marple Cottage Surgery and to immediately report any errors I encounter whilst using the system.*
- *If I see any patient data which does not relate to me I will immediately log out and report the matter to Marple Cottage Surgery.*

Signed.....

Print Name.....

Email Address.....

Date.....

(For office use) **Verification of ID: Passport /Driving licence /other** **Initials:**