



**The Villages**  
MEDICAL CENTRE

**The Villages Medical Centre**  
Send Barns Lane  
Send, Woking  
Surrey, GU23 7BP  
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[www.thevillagesmc.co.uk](http://www.thevillagesmc.co.uk)

## REGISTRATION FORM FOR PATIENT ACCESS TO GP ONLINE SERVICES:

### Appointments, Requesting Repeat Medications and access to Medical Records

Please complete this form and return to the Practice together with two forms of ID (one photographic and one recent proof of address e.g. utility bill within the past three months. Your PIN number will be ready to collect a week after registration.

Surname			
First name			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	

I wish to have access to the following online services *(tick all that apply)*:

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical records	<input type="checkbox"/>

### Application for online access to my medical record

I wish to access my medical record online and understand and agree with each statement.

*(please tick)*

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. 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"/>
5. If I see information in my record that it not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

**We ensure that your personal medical information is kept secure while it is on our computer system; however your personal and medical information becomes your responsibility when accessed. Please be aware of the greater importance of protecting your Patient Access security information, particularly if you print out any information from your record. If you know or suspect that your record has been accessed by someone who you have not agreed should see it, please change your password immediately.**

Signature		Date	
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**PIN ISSUED BY:**

**DATE:**