River Lodge Surgery
Malling Street
Lewes
East Sussex
BN7 2RD

Tel: 01273 472233
Fax: 01273 486879

Anchor Field Surgery
30 Anchor Field
Ringmer
East Sussex
BN8 5QN

Tel: 01273 812338
Fax: 01273 812384

www.riverlodge-ringmersurgeries.co.uk

Online Access Registration Form

PLEASE SUPPLY 2 FORMS OF IDENTIFICATION - 1 PHOTO AND 1 WITH YOUR CURRENT ADDRESS

I would like to apply for the following online services:

Requesting repeat prescriptions	☐
Booking appointments	☐
Viewing summary information from medical records	☐

In signing this registration form, I agree that (please tick):

1. I have understood the information leaflet provided by the Practice	☐
2. I consent to receiving SMS from the Practice	☐
3. I consent to receiving Emails from the Practice	☐
4. I will be required to provide photographic identification before I can access online services (e.g. driving licence, passport, identity card, etc)	☐
5. I will be provided with a user code that will be unique to me and that it is my responsibility to keep my username and passwords secure. If I believe these to have been shared inappropriately, I will reset them using instructions via the patient access website.	☐
6. If I choose to share my information with anyone else, this is at my own risk	☐
7. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
8. If I see information in my record that is not about me, or is inaccurate, I will log out immediately and contact the practice as soon as possible	☐
9. It is my responsibility to notify the Practice of any change in my contact details	☐
10. Online services are provided at the discretion of the practice and may be withdrawn by the practice at any time. I understand that the practice reserves the right to withdraw my access to online services if I misuse this service	☐

If you would like access to your detailed coded records please request this via the SystmOne site when you have logged on.

Full name		Date of Birth	
Address		Home Tel	
		Mobile No	
Postcode		Email address	
Signature		Date	

*If the patient is under the age of 16, online access may be applied for by the parent / guardian **(Proxy Access)** all patients attaining the age of 16 will be required to apply for access for online services to be continued.*

Name & Signature of parent / guardian:		Date:

For practice use only:

Identity verified through (tick all that apply)	Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Proof of residence ☐	Name of verifier:	Date:
Name of GP authorising			Date:
Date account created / passphrase sent			