

# PARK GREEN SURGERY – Online Access Application

<b>NAME*:</b>	
<b>DATE OF BIRTH*:</b>	
<b>ADDRESS*:</b>	
<b>TELEPHONE NUMBERS:</b>  (At least 1 required)	<b>Home:</b>
	<b>Work:</b>
	<b>Mobile:</b>
<b>EMAIL ADDRESS*:</b> (required in case you forget your login details)	

I wish to apply to Park Green Surgery to join Online Access which enables me to book on-line appointments and order prescriptions at Park Green. I accept the terms and conditions as stated below. I will undertake to keep my User Name and Personal Identification Number confidential and not to disclose this to any other person. I will ensure that I will cancel any appointments that I book online giving at either via the internet or by telephone – I will give at least 24 hours notice. I understand that if I misuse this service or fail to cancel appointments that I do not intend to attend this will mean immediate withdrawal of this facility.

Once we process your application, a PIN code will be mailed to you for Registration purposes.

**PLEASE NOTE: Registration to Online Access can only be done on an individual basis. Users are required to have their own account and email address for the management of repeat prescriptions and appointments.**

**Signed** ..... **Date** .....

**Terms and Conditions**

*Whilst we make all reasonable efforts to provide the Service, we will not be liable for any failure to provide the service, in part or full, for any cause that is beyond our reasonable control. This includes in particular any suspension of the service resulting from maintenance and upgrades to our systems or those of any party used to provide the service.*

*You must keep all of your personal details private. You must take all reasonable precautions to prevent the fraudulent use of your personal details. We reserve the right to change the service from time to time.*

*We may, where we consider it appropriate – suspend, withdraw or restrict the use of the service or any part of the service at any time by giving you reasonable notice.*

*You may terminate this agreement by notifying us in writing that you wish to withdraw from using Online Access.*

*The notification will not be effective until we receive it.*

**FOR OFFICE USE ONLY: Please remember, proof of identification is required.**

<b>EMIS PATIENT NUMBER</b> .....	<b>ACCESS ID</b> :.....
<b>PATIENT UNDERSTANDS REGISTRATION PROCESS:</b>	<b>Sign</b> .....
<b>PROOF OF IDENTIFICATION SEEN:</b>	
<b>Passport</b> .....	<b>Driving Licence</b> .....
<b>Birth Certificate</b> .....	<b>Other</b> .....