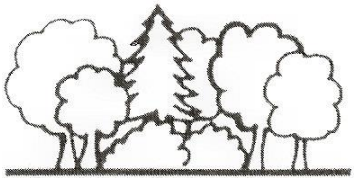
DR. CAROLYN PRIOR
DR. PANDU BALAJI
DR. EMANUEL HACIATURIAN
DR. HAROON MUFTI

WOODLANDS PRIMARY CARE



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DA15 8DF

TEL. NO. 020 8300 1680

MANAGE YOUR HEALTHCARE PROVISION ONLINE

- If you would like to register for online services, and you have chosen a provider who requires you to get registration details from us to link your account to the surgery, please complete the below form.
- You will need to provide photo ID (e.g. passport / driving licence) alongside this form.
- Online services does not allow shared email addresses, so please give your own, personal email address.
- Only patients aged 16 years and over can register for online services.
- Forms that are not filled in completely will not be authorised.
- Please return the form to surgery reception with photo ID once completed.

More information about online services can be found on our website: woodlandssurgerysidcup.nhs.uk

First Name: _____ **Surname**: _____

Email Address: _____

I give my consent for personal registration data to be sent to this email address ☐

Mobile Number: _____ **Date of Birth**: _____

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

1. **Booking Appointments Online** ☐
2. **Requesting Repeat Prescriptions** ☐
3. **Accessing my Medical Records (there may be a limit to what records are viewable online)** ☐

I am signing to the effect that I wish to access my medical record online and understand and agree with each statement below:

1. I have read and understood the online services information provided by the practice.
2. I will be responsible for the security of the information that I see or download.
3. If I choose to share my information with anyone else, this is at my own risk.
4. I will contact the practice immediately if I suspect that my account has been accessed by someone without my permission.
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible.

Signed: _____ **Dated**: _____

For Office Use Only

Photo ID Seen (please state which type): _____

Staff Member Verifying Photo ID: _____

Form Revised: May 2023