Salters Medical Practice

Droitwich Medical Centre, Ombersley Street East, Droitwich Spa, Worcestershire. WR9 8RD

Dear Patient

Patient Access Online Service

Thank you for expressing an interest in registering for Salters Medical Practice Patient Access Online Service.

Once your application has been processed you will receive your access details and password in the post. Please keep these details in a secure place for future reference as requests for resetting of passwords have to be made in person at the practice, due to confidentiality issues telephone requests for resetting of passwords will not be actioned.

Yours Sincerely

Dr F Kameen

Senior GP Partner
Salters Medical Practice
Encs

Patient Online:
Registration Form For Access to GP Online Services

Surname: (Child's details if applying for access to child's records)			
First name:			
Date of birth			
Address			
Postcode			
Email address			
Telephone number		Mobile number	
If applying for access to a child's medical record please complete below: I confirm that I have parental responsibility for the child named above…… ☐			

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

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record (see below)	☐

Application for online access to my medical record

I wish to access my/or my child's 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	☐
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 as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
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	☐

Signature		Date	

What to do next:

- Take this completed form to the reception desk along with photo ID and proof of residence.

Once your application has been processed you will be sent your online password in the post and copies of identification documents will be destroyed.

For practice use

Identity verified through (tick all that apply) (If not vouching both photo ID & proof of residence required)	Photo ID ☐ Proof of residence ☐	Name of verifier	Date
Name of person who authorised (if applicable)			Date
Date account created			
Date passphrase sent			