



Registration form for SystemOnline

****Ensure examples of ID are produced at the point of registration for online access & change of password****

Patient Name Date of Birth

AddressTelephone No:

One of the following forms of Photo Identification can be accepted

- Photo card Driving Licence Passport Bus Pass

To ensure confidentiality we are only able to accept registrations in person – i.e. you cannot give your details to anyone else to register for you

The following documents **SHOULD NOT** be accepted as proof of identity:

- Library card • Video rental card • Health club card • Private rent card • Birth Certificate (Adult patient)

Patient Consent Form

I consent to the practice providing me with the online facility to book/cancel appointments, order repeat prescriptions and for access to summary medical information through **SystemOnline**. In order to activate this facility we require your email address, please record your current email address below:

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I understand it is my responsibility to keep my account secure by keeping my log in details confidential. I understand that I can terminate my account at any time by contacting the surgery, or change my log in details by re-registering and that this form will be kept on my electronic records. I would use this service responsibly and in the case of any abuse of the service, Caritas Group Practice can prevent me from accessing the service by stopping the username and password from working. Examples of irresponsible use of the system may include, but are not limited to:

- Registering at a GP practice outside your catchment area
- Booking appointments you have no intention of attending
- Repeatedly booking and then cancelling appointments
- Repeatedly requesting prescriptions that you do not need

The practice is committed to protecting my privacy online. The personal information I enter on this website is strictly controlled. Information entered is available only to members of staff with appropriate access rights at Caritas Group Practice - i.e. those managing appointment booking, repeat prescribing and patient registration. Patient`s personal information will not be shared with any third parties. Patient`s personal information will not be sold to any third parties.

Patient Signature: Date:

Surgery staff to complete before scanning:

Instructions & Login given Any change of details updated on SystemOne

Staff Name & Signature: Date: