

BEDLINGTONSHIRE MEDICAL GROUP

Online Guidance & Application Form

We are pleased to offer you the facility to use 'SystemOne Online' which provides internet services for patients. This service allows patients to book routine doctor appointments, order repeat prescriptions, update contact details and send secure messages to the Practice.

Please read the following guidance before completing the application form below:

- We are only able to issue passwords to individual members of each household personally. Should other members of your household wish to join up for the scheme, please ask them to complete and sign a form and return it to the surgery.
- Lost or compromised passwords - should you lose your password or think that someone may have had access to it, please inform the surgery immediately and we will cancel your access and re-issue you with another password.
- Use of your security details by an unauthorised person may allow them access to confidential information about you, therefore these details must be kept safe and secure at all times.
- The Practice does not guarantee that online services will always be available and will not accept any liability for damages resulting directly or indirectly from the use of, or from any inability to use the online facilities.

Please complete the section below and bring it to the surgery together with proof of identity e.g. passport or driving licence. Please note for security purposes your username and password will only be posted to your home address.

I would like to register for online facilities, I confirm I have read, understood and agree to the guidelines above. I am over 16 years of age.

Full Name:Date of Birth.....

First Line of Address:

Contact Telephone Number (s):.....

Signed:Date:

For Children (Under 11 years only)

Name of Parent/Guardian:.....(Print Name)

Signature of Parent/Guardian:.....Date:.....

Please note once a child reaches 11, access to online services is removed.

For Office Use Only

Step 1 – Reception Desk

Photographic evidence or 2 forms of ID received and copied

Receptionist Name.....(print name)

Step 2 – Reception Admin

Contact details checked and updated if necessary

User Name Password sent to patient

Receptionists name.....(print name) **Date**.....