

Dr. Anne Baruch  
 Dr. Toyin Baikie



### Internet Access Application Form

Hook Surgery offers access to certain aspects of your medical record. Use this form to request access to the Internet facilities offered by this Practice. For security reasons you will need to provide photo evidence of your identity such as a **passport** or **photo driving license** before receiving your access codes.

You can only apply for yourself on this form and you must be aged 16 years or older. When the form is completed, please hand it in at reception with your photo **ID** and you will be issued with your Registration Letter which gives you all the security details you need to register online.

**Declaration:**

Please supply me with my personal identification number and practice identification number details to prevent unauthorised persons from accessing my record on line. In the event that my security details have been compromised I will inform the practice immediately so that access can be blocked and new passwords issued. If at any time I wish to permanently cease Internet access I will inform the practice in writing. I also confirm that I have read the terms and conditions and agree to them.

<b>Title:</b>	<b>Mrs/Mr/Miss/Ms</b> (delete as appropriate)	
<b>Full Name:</b>	.....	
<b>Postcode:</b>	.....	
<b>Email:</b>	.....	
<b>Signed:</b>		<b>I confirm I am the patient mentioned above.</b>
<b>Date:</b>		
<b>Office use only:</b>	<b>Photo ID presented: Driving Licence No:.....</b> <b>Passport No: .....</b> <b>Other (specify): .....</b>	
<b>Access authorised:</b>	<b>Signature Authoriser:</b> <b>Print Name:</b>	<b>DATE:</b>
<b>Receipt of Codes:</b>	<b>To be signed by patient on receipt of Registration Letter with access codes:</b>	<b>SIGNED:</b> <b>DATE:</b>