# Application for Online Access for ordering prescriptions (\*must be over 16 years old)

|  |  |  |
| --- | --- | --- |
| Surname | Date of birth | |
| First name | | |
| Address  Postcode | | Telephone number |
| Preferred Email address (must be your personal email address **not shared** with another patient): | | |
| Preferred Mobile number (We can send a text to this number once your online account has been set up only if you have consented to **patient text reminders** – you can give your consent for this service in the section below ) | | |

## I wish to have access to the following online service (please tick/add a cross to box below):

|  |  |
| --- | --- |
| Requesting repeat and/or acute prescriptions |  |

**I wish to use Online Services. Please read each statement carefully and tick/add cross before signing.**

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

**I understand and agree with all the above statements and consent to the use of my email address for the purpose of setting up an online prescription services account. I am aware that I can update this information or withdraw my consent at any time.**

|  |  |
| --- | --- |
| Signature | Date |

**I consent to the use of my personal mobile number for patient text messaging (appointment reminders/recalls/online prescriptions account confirmation). I understand that I am responsible for the security of any information received via text message. I am aware that I can update this information or withdraw my consent at any time.**

|  |  |
| --- | --- |
| Signature | Date |

|  |  |
| --- | --- |
| My preferred pharmacy is |  |

Our **Privacy Policy** can be found on our website <https://www.grangemedicalgroup.com/privacy-policy>

### For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified by  (initials) | Date | Vouching with information in record 🞏  Photo ID and proof of residence **🞏** | |
| Authorised + account created by: | | | Date |
| Consent given for text messaging **Y/N** | | | |