

Trinity Court Surgery

Registered
Scanned



Consent Form – Terms of use

PLEASE COMPLETE AND RETURN THIS FORM TO THE SURGERY.

Your account will be set up within 5 working days and your registration details will be mailed to your registered postal address. If this address is incorrect, please notify the surgery before completing this form.

Name: _____

Date of Birth: _____

I hereby consent to Trinity Court Surgery allowing me to have web access to book, cancel and re-arrange my own appointments.

I agree to;

- Use the web appointment booking system appropriately and cancel any unwanted appointments
- Keep my security details secure and not divulge them to anyone
- If I feel my security details have been compromised I will contact the surgery immediately to ask them to suspend my account
- Let the surgery know if I experience any problems or excellent service from this method of access

In the future Trinity Court may develop this web access to include change of address or registration details. These extended services will also be subject to the same clauses as outlined above.

Signature: _____

Print Name: _____

Date: _____

Due to patient confidentiality patients aged 16 years or over need to sign their own consent form.

If you choose to divulge your security details to a delegate you do so at your own risk and the surgery cannot be held responsible for this breach of confidentiality.

Once returned to the surgery, this document will scanned and retained on your medical record and your web account will be activated.