

# THURSO & HALKIRK MEDICAL PRACTICE

Princes Street Surgery, Thurso, Caithness KW14 7DH  
The Surgery, Halkirk, Caithness KW12 6YN

## CONSENT FORM FOR ONLINE ACCESS & TEXT / EMAIL COMMUNICATION

### **FOR PATIENTS AGED 16 YEARS AND OVER**

<b>PATIENT SURNAME:</b>	<b>PATIENT FORENAME(S):</b>
<b>DATE OF BIRTH:</b>	<b>EMAIL ADDRESS:</b>
<b>TELEPHONE NO (HOME):</b>	<b>MOBILE NO:</b>
<b>ADDRESS</b>	
<b>POSTCODE:</b>	

**IMPORTANT:** *Emails may be sent in an encrypted format and you may need to sign up to our encryption service to view. The email address should be unique. We advise against using a shared email address for online services.*

I wish to have access to the following services (when available) – please tick all that apply:

Appointments Online

Prescriptions Online

I wish to have access to the following services (when available) – please tick all that apply:

Text Reminders

*You are consenting to receiving reminders about appointments, when reviews or immunisations are due and other health related information. It may be possible to send reminders by email if you do not have a mobile device. Please let Reception know if you DO NOT want to receive reminders by email.*

**IMPORTANT:** *The above services rely on patient contact details being kept up to date. It is therefore extremely important that you inform us immediately of a change in circumstances including mobile number and email address. By signing below you are acknowledging this to be the case and that failure to do this could result in information being directed incorrectly.*

*ID may be required. We therefore need you to return this form to Reception in person with two forms of ID - Photo ID and proof of residence. Failure to provide a suitable form of ID may mean you are unable to use online services with the Practice.*

<b>SIGNATURE:</b>	<b>DATE:</b>
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### **Telephone numbers (01847)**

Princes Street Surgery – Appts (893154), Prescriptions (893388), Enquiries (895986), Fax (892113)  
Halkirk Surgery – Appts/Enquiries (831203), Prescriptions (831690), Fax (831817)

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**FOR GP PRACTICE USE ONLY**

**ID PROCESS**

**PLEASE TICK BELOW TO CONFIRM ID DOCUMENTATION SEEN:**

OPTION 1	OPTION 2
PHOTO ID eg Passport, Driving Licence, etc	<b><i>*IF NO UTILITY BILL AVAILABLE CHECK 2 OF THE FOLLOWING:</i></b>
<b><i>UTILITY BILL*</i></b>	Bank / Building Society Statement
	Credit Card Statement
	Letter / Statement re Mortgage
	Local Authority Rental Agreement
	<b>CONTRACT</b> Mobile Phone Bill
	Council Tax Letter
	Letter from Solicitor
	Letter from Govt Dept re Benefits
	Driving Licence

ID METHOD	DATE	STAFF MEMBER
Personal Vouching		
Personal Vouching with info in record		
Photo ID and proof of residence (see above)		

ACCOUNT CREATED	DATE	STAFF MEMBER
Text Messaging		
Online Prescriptions		
Online Appointments		

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