

BOUGHTON MEDICAL GROUP

1 Hoole Lane, Boughton

Chester CH2 3DP

Tel: 01244 - 325421

www.boughtonhealthcentre.co.uk

APPLICATION FORM FOR GP APPOINTMENTS "ON-LINE"

Patient
Surname.....
First
Name(s).....

Address.....
.....
..... Post Code.....

Date of Birth...../...../.....
(You must be aged 16 years or above to apply for this service).

I apply to Boughton Medical Group to join the "On-Line" application service which gives me the ability to apply for GP appointments and repeat prescriptions over the Internet.

Terms and Conditions by Boughton medical Group:

While we will make all reasonable efforts to provide the Service, we will not be liable for any failure to provide the Service, in part or full, for any cause that is beyond our reasonable control. This includes, in particular, any suspension of the Service resulting from maintenance and upgrades to our systems or those of any party used to provide the Service.

You must keep your Personal Details secret. You must take all reasonable precautions to prevent the fraudulent use of your Personal Details.

We reserve the right to change the Service from time to time and shall give you notice of any material changes. We may, where we consider it appropriate for you or your protection, suspend, withdraw or restrict the use of the Service or any part of the Service. We will tell you as soon as practicable if we take such action. We may also end the Service or any part of the Service at any time by giving you reasonable notice. We reserve the right to vary these Terms and Conditions and will give you 7 days' notice of any material changes. You may terminate this agreement by notifying us. The notification will not be effective until we receive it. While we will make reasonable efforts to provide the Service, we will not be liable for any failure to provide the Service, in part or full, for any cause that is beyond our reasonable control. This includes, in particular, any suspension of the Service resulting from maintenance and upgrades to our systems or those of any party used to provide the Service.

I accept the terms and conditions of Boughton Medical Group's service level agreement in this respect. I undertake to keep my User Name and PIN (Personal Identity Number) confidential and not to disclose this to any other person. I accept the limitation of booking a maximum of two GP appointments in any one 24 hour period. I undertake to give at least 24 hours notice of cancelling any appointment booked (either via the internet or by other conventional means – e.g. telephone, in person at reception or in writing). Failure to do so may mean the withdrawal of this facility to me by Boughton Medical Group.

Signed..... Dated.....200

For Practice Use : EMIS Patient Number.....
Access ID.....Patient Advised.....