**Application to register for Online Patient Services** https://www.patientaccess.com/

|  |  |
| --- | --- |
| Surname | Date of Birth |
| Forename(s) |  |
| Address    Postcode |  |
| Email address |  |
| Telephone number | Mobile number |

**I wish to register for Online Patient Services (please tick all that apply):**

|  |  |
| --- | --- |
| 1. Booking appointments | o |
| 2. Requesting repeat prescriptions | o |
| 3. Accessing my medical record | o |

**I wish to access my medical record online and understand and agree with each statement (tick)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | | | o |
| 2. I will be responsible for the security of the information that I see or download | | | o |
| 3. If I choose to share my information with anyone else, this is at my own risk | | | o |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | | | o |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | | | o |
| 6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible. | | | o |
| Signature: | Signature of parent if under 12 years of age: | Date: |  |

***For practice use only:***

|  |  |  |  |
| --- | --- | --- | --- |
| Patient NHS number: | | Practice computer ID number: | |
| Identity verified by ((initials): | Date: | Method  Personal vouching o Vouching with info in record o Photo ID and proof of residence:  Passport o Driving licence o  Bank statement o  Other (give detail): | |
| ***ENTER EMIS CODES:***  ***8MF*** *(Request for Patient Facing Services) and* ***91B*** *(Patient registration data verified)* | | | Date: |

|  |  |
| --- | --- |
| **ACCESS ENABLED:**   * No care record access o Core Summary Care Record * Detailed coded record (select as appropriate): Allergies o   Medications o  Laboratory test results o  Documents ý  Immunisations o  Problems o Consultations o | **Notes / explanation** |
| Authorised by (print name/role): | Date: |
| Registration letter printed / sent by email | Date: |
| ***ENTER EMIS CODE: 9lW*** *(Registered for access to Patient Facing Services)* | Date: |