**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:  |