#

**Whitby Group Practice**

# Application to register for Online Patient Services

# <https://www.patientaccess.com/>

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

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

|  |  |
| --- | --- |
| 1. Booking appointments
 | 🞏 |
| 1. Requesting repeat prescriptions
 | 🞏 |
| 1. Accessing my medical record
 | 🞏 |

**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
 | 🞏 |
| 1. I will be responsible for the security of the information that I see or download
 | 🞏 |
| 1. If I choose to share my information with anyone else, this is at my own risk
 | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement
 | 🞏 |
| 1. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible
 | 🞏 |
| 1. 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.
 | 🞏 |
| Signature: | Date: |

### *For practice use only:*

|  |  |
| --- | --- |
| Patient NHS number: | EMIS number: |
| Identity verified by (initials): | Date: | Method**Personal vouching 🞏 Vouching with info in record** 🞏**Photo ID and proof of residence:** Passport 🞏 Driving licence 🞏 Bank statement 🞏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🞏 Core Summary Care Record **(code 9lW and add comment)**🞏 Detailed coded record (select as appropriate): Allergies 🞏**(code 9lW and add comment)** Medications 🞏Laboratory test results 🞏Documents 🗷Immunisations 🞏Problems 🞏Consultations 🞏 | **Notes / explanation** |
| Authorised by (print name/role):  | Date: |
| Registration letter printed / sent by email | Date: |