# 

**Whitby Group Practice**

# 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 | 🞏 |
| 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: | |