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	☐
2.	Requesting repeat prescriptions	☐
3.	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	☐
2.	I will be responsible for the security of the information that I see or download	☐
3.	If I choose to share my information with anyone else, this is at my own risk	☐
4.	I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐
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	☐
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.	☐

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 ☐ 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:	Notes / explanation

☐ No care record access
☐ Core Summary Care Record
☐ Detailed coded record (select as appropriate):
          Allergies ☐
       Medications ☐
    Laboratory test results ☐
       Documents ☒
      Immunisations ☐
        Problems ☐
     Consultations ☐	

Authorised by (print name/role):	Date:
Registration letter printed / sent by email	Date:
***ENTER EMIS CODE: 9IW** (Registered for access to Patient Facing Services)*	Date: