



# Patient Access

## Book Appointments and View your Medical Record Online

### HOW DO I REGISTER?

Complete this form and bring it to Reception with some photo ID. We will issue a unique registration letter for you and give you instructions on how to complete your registration

Once registered with Patient Access you will be able to use the internet to:

- view and cancel your existing appointments
- book one of the appointments available online (available up to 4 weeks ahead)
  - view some aspects of your medical record, including Test results
- access your record from anywhere in the world if you need medical treatment

Registration is personal but parents can register on behalf of children under 14yrs of age

### TERMS OF USE :

**I wish to register for Patient Access and understand and agree with each statement (please tick)**



1) I have read and understood the information above provided by the practice	<input type="checkbox"/>
2) I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3) If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4) I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5) If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

**Name : (PLEASE PRINT CLEARLY)** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

**Email address (PLEASE PRINT CLEARLY):** \_\_\_\_\_

**Mobile number:** \_\_\_\_\_

*If you provide your email address and mobile number we will keep a note of it so that you are able to recover a forgotten password or login details automatically without contacting the Surgery.*

**Do we have your consent to record these same details in your medical record?** Yes  No

If you tick 'Yes' you also consent to the Practice contacting you this way including texting reminders of appointments.

**Please tick this box if you do not wish to receive texts or emails from us**

**Office use only :**  Remove details from the medical record  Update details in medical record

Identification documents seen Name \_\_\_\_\_ Signature \_\_\_\_\_