

OAKLEY HEALTH GROUP

Registration form for EMIS Patient Access

Please complete this form and bring it to reception with photo ID. This service is generally for patients aged 16 years and above.

Children **under** the age of 11 can have their online service managed by their parents/guardians, but when they reach the age of 11 then the service will be automatically discontinued and they will have to re-apply on an individual basis once they have turned 16 years of age.

Please note: If you use a shared email address for this service be aware your online medical information may be accessible by those other users.

| | |
|------------------|---------------|
| Surname | Date of birth |
| First name | |
| Address | |
| Postcode | |
| Email address | |
| Telephone number | Mobile number |

I wish to have access to the following online services (please tick all that apply):

| | |
|--|--------------------------|
| Booking appointments | <input type="checkbox"/> |
| Requesting repeat prescriptions | <input type="checkbox"/> |
| Updating my contact details (demographics) | <input type="checkbox"/> |
| Secure online access to my GP medical record | <input type="checkbox"/> |

I wish to access my medical record online and understand and agree with each statement (tick)

| | |
|--|--------------------------|
| I have read and understood the information leaflet provided by the practice | <input type="checkbox"/> |
| I will be responsible for the security of the information that I see or download | <input type="checkbox"/> |
| If I choose to share my information with anyone else, this is at my own risk | <input type="checkbox"/> |
| 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"/> |
| If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | <input type="checkbox"/> |

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

For practice use only

| | | |
|--|--------------------------------|---|
| Patient NHS number | EMIS ID number | GP |
| Identity verified by (FULL initials) | Date | Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Passport/DVLA <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> |
| Authorised by (GP) | Date | |
| Level of record access (GP to circle/tick) Full / detailed record access <input type="checkbox"/> Restricted clinical record <input type="checkbox"/> Core summary care record <input type="checkbox"/> No online access authorised <input type="checkbox"/> | Notes / explanation / settings | |
| Date record access enabled (by Reception) | Enabled by (FULL initials) | |