

emis_{access} Registration Form

Emis Access is a secure online facility and all the information is confidential. In order to maintain this level of security over your personal information, we ask that you agree to the terms below:

1. Registration details must be kept confidential. At no time must your password/PIN number be divulged to anyone else.
2. You, the patient must login and use the service yourself. You cannot ask someone else to do this on your behalf.
3. Patients must be 16 years or over to register. Children under the age of 16 need a parent/guardian to sign on their behalf.
4. By signing this form, you agree to have your record available to you online and this will enable the holder of your password/PIN number to have access to your records.

Name: _____ DOB: _____

I have understood and will adhere to the Practice Guidelines for the use of Emis Access. I understand that failure on my part to adhere to the guidance will result in my Emis Access registration being terminated.

Signed: _____ Date: _____

For Office Use: Patient ID Seen? Yes No
Emis Number _____ Staff Initials _____

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