

MEDICAL RECORDS ACCESS – EXPRESSION OF INTEREST

Thank you for considering joining the MR ACCESS Pilot. During the Pilot, we are only signing up access for patients aged 16 years or older.

YOUR FULL NAME:

Date of Birth:

EMIS No. (top left of repeat slip) (optional):

YOUR EMAIL ADDRESS:

WE MUST HAVE YOUR EMAIL ADDRESS TO SEND YOU THE MR ACCESS PACK AND CONSENT FORM.

Have you signed up for EMIS ACCESS (to order repeats and book appointments)?

YES – NO

If not, please bring Photo ID and ask for you login PIN to be printed. You must then register on the website to create an account.

Please don't be put off by the size of the pack you will be emailed. It has been prepared to help you make your decision regarding access to your medical records in the privacy of your home.

If you decide to go-ahead with 'Records Access' then you will have to complete the questionnaire emailed to you making sure you sign it and fill in the details on the Consent Form.

Enjoy yourself and remember if you need to contact Dr Barrett with any further questions you can email him on

dr.barrett@skybluemedicalgroup.co.uk or you can leave your name and contact details with Reception.

PLEASE COMPLETE THIS FORM AND LEAVE WITH RECEPTION.

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