Enrolment form

By completing this form you are asking us to make information from your medical records available on the Internet via *PatientView*. This information may come from:
- your existing computer record held in your local unit and;
- other relevant national healthcare-related systems. Examples might include UK Transplant, disease registries, information about hospital admissions, and so on.

Once you have been issued with a username and password you will be able to access this information from any Internet-connected computer. Your GP, and some staff from your local unit, will also be able to view it. You can choose to show it to anyone else by sharing your login.

Your information will not be made available on *PatientView* without your permission. If you decide not to join, or wish to withdraw, it will not affect your treatment.

I understand the information I have been given about the security of my clinical information. I would like access to my information on the PatientView website.

Signed…………………………………………….. Date………………….……..….……

Print name…………………………………………. Date of Birth………..…………..……

Email address ………………………………………...

Witnessed by:
This should be completed by a staff member.
You should know or be able to confirm the identity of the patient.

Please make sure that they have a copy of the security and contact information.

It is helpful to check that the name, contact details and GP are correctly recorded on the electronic record before anyone joins *PatientView*.

Signed…………………………………………… Date………….…………..……

Print name…………………………………….. Position…………………….……