

LAKESIDE MEDICAL PRACTICE

Practice Checklist for EMIS Access Registration

For Practice staff - Please ensure that all points on the checklist have been actioned.

- Patient's Date of Birth checked and updated, if necessary.
- Patient understands Registration Process and next step to registration.
- Patient understands Practice EMIS Access Guidance.
- Patient's identity confirmed with ID. (confirm type of ID)
- Verification that the application is made by the parent/guardian of a child under age of 16.
- Major alert put on notes to stop access upon reaching age of 14/16

Disclaimer

Please ensure that the patient has signed the disclaimer below before handing them their Access PIN Document. This document should be scanned into the patient's records.

I..... have understood and will adhere to the Practice Guidance for the use of EMIS Access. I understand that failure on my part to adhere to the guidance may result in my EMIS Access registration being terminated. I understand that this will in no way affect my registration with the practice.

If this is an application for a child under the age of 16 I am the parent/guardian of that child. I also understand, that access will be stopped upon the child reaching the age 14 and I will have to reapply, with the agreement of the child.

Signed _____

Date _____