

**THE MERRYWOOD PRACTICE**

**PATIENT REQUEST TO ACTIVATE ACCESS TO CODED INFORMATION HELD ON  
EMIS**

**Patient Name**

**Patient Dob**

**Patient Address**

**Details verified by receptionist (initial and date documents and attach with request form)**

- 1 x photo ID
- 1 x address confirmation dated in last six months

**I confirm I would like access to all coded records on my EMIS patient records which I will access using <https://patient.emisaccess.co.uk>**

**Patient signature**

**Print name**

**Date**

**Date request reviewed by Practice Manager**

**Name of Usual Doctor**

**Date passed to usual doctor**

**Date request reviewed by usual doctor**

**Outcome of review (including any restrictions to access)**

**Date access activated if authorised**

**Date patient informed of outcome**