



Providing NHS services

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ST CLEMENTS SURGERY
39 TEMPLE STREET
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Tel: 01865 248550

Email: stclements.reception@nhs.net

Website: <https://www.stclementssurgery.org>

Patient Registration for Online Patient Access

A new range of online services are now available to patients:

- Appointments – A range of doctor's appointments will be available on the surgery's website to be booked up to 7 days in advance.
- Repeat Prescriptions – These can now be requested through online patient access.
- Medical Record Viewer – You can now access your full medical record online, including Medications, allergies, consultation details and test results.

All patients will be provided a registration form in order to get online patient access. This is not available for anyone under the age of 16. Once the registration form has been completed, please allow 2 working days for a member of the admin staff to verify your email address. Once your email address has been verified, you will receive an email containing a pin number and access code. You will then be able to go onto the following website: <https://app.patientaccess.com/registration/create> , using the pin number and access code you will be able to log into the website using the link above.

If there are any issues with accessing or completing your registration for online access, please email stclements.reception@nhs.net or call us on 01865 248550 and ask to speak to a member of the admin team.



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Online Patient Access Registration Form

Patient Details (Please write in capital letters)	
Forename:	
Surname:	
Date of birth:	
Contact number:	
Email address:	
Home address:	

I wish to have access to the following online services, please tick all that apply:

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my medical record	<input type="checkbox"/>

I wish to have access to my medical record and understand & agree with each statement below:

I have read and understood the information leaflet provided by the practice.	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download.	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk.	<input type="checkbox"/>
I will contact the practice as soon as possible, if I suspect that my account has been accessed by someone without my agreement.	<input type="checkbox"/>
If I see information in my record that is not about me, or is inaccurate, I will log out immediately and contact the practice as soon as possible.	<input type="checkbox"/>
Signature:	Date:

