# Registering for
# Patient Online Access

To register, go to

https://www.heathbridgepractice.co.uk/patient-online-access-form

Enter your details in the online form (highlighted in yellow) :

1. Title
2. NHS number (https://www.nhs.uk/find-nhs-number/what-is-your-name)
3. Surname
4. First Names
5. Date of Birth
6. Mobile Phone
7. Email
8. Home Address

## PATIENT ONLINE ACCESS

To register for patient online access, please take the time to fill out the automated form below. Please note, you will be asked to provide an image of your signature. If you don't have this to hand you can still register and you will be contacted by our Patient Services Team who will provide you with alternative solutions. You can upload these documents, which will be sent directly to our secure practice email.

Title *
MR    MRS    MISS    MS    DR    MX    OTHER

OTHER

NHS Number

SURNAME *

HOME PHONE

FIRST NAMES *

*MOBILE PHONE *

PREVIOUS SURNAME

**EMAIL *

DATE OF BIRTH *

ADDRESS *

Continue

# OR

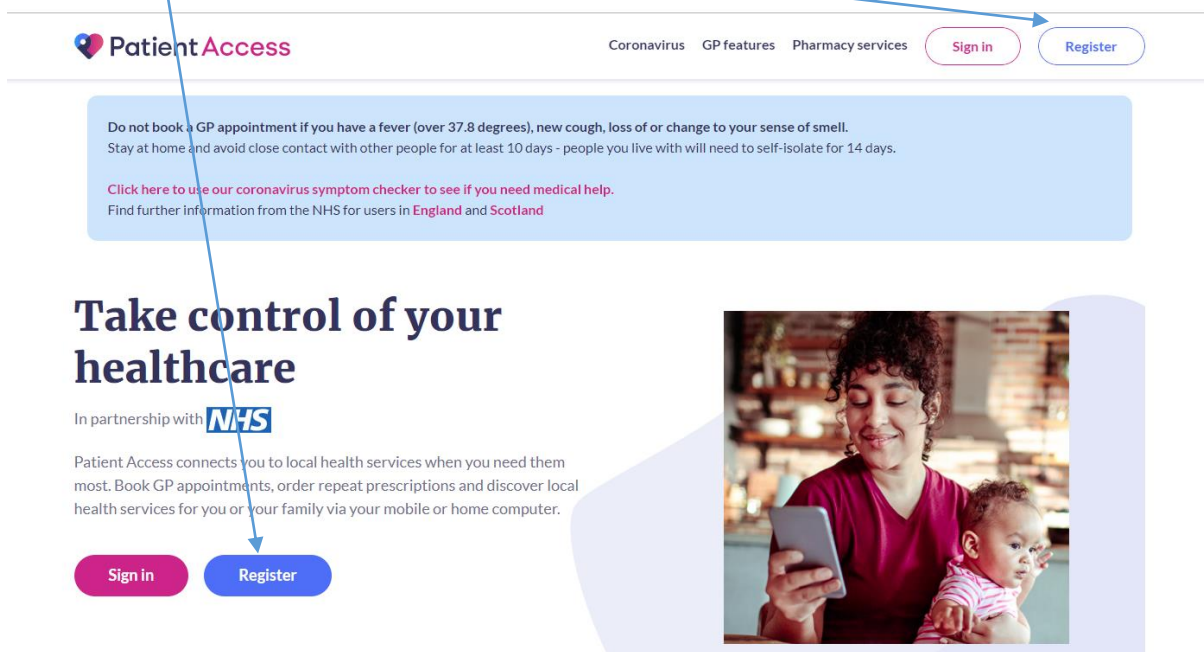Go to https://www.heathbridgepractice.co.uk/register

Then click

To download our registration form instead CLICK HERE

After filling out the form, please send it to swlccg.heathbridgeadmin@nhs.net

Once you've received the confirmation letter – 48 hours. Go to www.patientaccess.com

🔒 patientaccess.com

Click **Register**

**Enter your details (highlighted in yellow)** and click **Continue**

# Create your Patient Access account

Already have an account? **Sign in to Patient Access**

## Enter your personal details

First name

First name

Last name

Last name

Your home postcode

Postcode

Date of birth

Day | Month | Year

Gender (optional)

Gender

**Why do we ask for this information**

**Continue**

**Enter a valid email address** and **desired password.**

**Tick I accept the Terms and Conditions** then click **Create Account**

## Create your Patient Access account

Already have an account? Sign in to Patient Access

**< Back**          **Enter account details**

Email address

name@example.com

Password

Password                                    👁

Your new password must be at least 12 characters long with a mix of numbers, uppercase and lowercase letters and should not have been previously used.

☐ I accept the Terms and Conditions

☐ Receive news and marketing communications from Patient Access.

**Create account**

Choose a **memorable word** and **a hint**. Then click **Continue**

# Create your Patient Access Memorable Word

As an additional measure to keep your account safe, you will be required to set up a memorable word or phrase that only you know. This must be a minimum of 8 characters and is case sensitive. You will be asked to enter characters from it when you sign in. More information.

It will become mandatory to have this Memorable Word set up within next 24 hours.

Memorable Word

Your Memorable Word

Hint for your Memorable Word

Your Memorable Word hint                    0/128

Continue

Skip for now

**Enter valid mobile number**. Then click **Continue**

## Please provide your mobile number

A valid mobile number is required to verify your identity in case you ever forget your password or Memorable Word and need to reset those. Please note, your password or Memorable Word cannot be reset if you do not have a valid email address and mobile number on your account.

Mobile number

e.g. 07687965753

**Continue**

**Skip for now**

Click **Send verification email**



**Verify your email address now**

Your email address ▆▆▆▆▆▆@nhs.net is not verified yet. Please use the button below to send a verification link to your email inbox. You will not be able to sign in to your account with an unverified email address after **27 May 2021**.

If you do not have access to the email address ▆▆▆▆▆▆@nhs.net, you can **skip it for now** and change your email address from your account settings.

**Send verification email**

**Skip for now**

This will appear on the screen. Please **go to your email.**



**Email verification successful**

Your email address ▆▆▆▆▆▆ is now verified.

**Sign in to Patient Access**

Once you've access your email and verified your email address, click **Sign in to Patient Access**

**Sign in to Patient Access**

Forgot Password | Forgot Email

Click **Link your GP practice**

**Would you like to link your GP practice to your account?**

In partnership with **NHS**

Additional features that you'll have access to by linking your GP practice:

- Book GP appointments
- Order repeat medication
- View your medical record
- Act on behalf of someone
- Message your GP

Please bear in mind that some GP practices might not support Patient Access features.

**Link your GP practice**

**Skip for now**

**Enter the Postcode of the practice SW15 2TL** and click **Search**



**Click The Heathbridge Practice** then click **Continue**

Click **Yes** *if you've received the letter from the practice* **upon registration to Online Access**

## Have you received a registration letter from your practice?

Yes    No

## What is a registration letter?

A registration letter contains important information required to register for full access to online services.

If you do not have a registration letter you can select the 'No' button above and continue with basic online access, which will allow you to book a single appointment. You can also contact your practice directly to find out the options available to you to verify your identity and get full access.

You have requested access to online services.

### Accessing online services
To access online services:

1. Create an account with one of the following service providers:

| Service provider | Website |
|---|---|
| Patient Access | https://www.patientaccess.com |
| i-Patient | https://i-patient.net |

2. Provide the following online services account details when prompted:

| | |
|---|---|
| Linkage Key | cEypBGddUAQx5 |
| ODS Code | 100035 |
| Account ID | 602333100035 |

**Note:** The account details are unique to you and were provided by The Jenner Practice .

**Enter Linkage Key** and **Account ID** then click **Confirm**

## Have you received a registration letter from your practice?

**Yes**    **No**

## Link To Practice

To link to your practice, please enter the following details from your registration letter. If you do not have a registration letter, please select the 'No' button above.

**Linkage Key**

**Account ID**

**Confirm**