



Patient Portal Access Request Form

You can request a Patient Portal account by completing this request form. We will need to verify some identification (ID) to complete the process. Photo ID is preferable but not essential. If you do not have Photo ID we will require **two** types of Non Photo ID. Please see below the acceptable forms of photo ID and non-photo of ID.

Once the form has been completed and signed, you will receive two emails.

- A registration email - this will contain a temporary password.
- A welcome email - this will contain a link to access the portal. Follow the instructions 1 -5 in this email to set up your portal account.

When you log in to the portal you will need to read and accept the terms and conditions of the, user agreement privacy notice and cookies policy if you wish to proceed.

If you need any help setting up or using the portal, please contact your treatment centre or the Portal administrator on myindicpatientportal@stjames.ie

YOUR TREATMENT CENTRE:

DATE:

SURNAME:

FIRSTNAME:

DATE OF BIRTH:

MRN:

ADDRESS:

MOBILE NO:

EMAIL:

I hereby affirm that I am the person identified above

I am at least 16 years old and am requesting access to my own health information.

I accept that use of the portal is entirely voluntary, and my care will in no way be affected if I chose not to participate, or if I wish to withdraw at any time in the future.

Please Print Patient Name: _____

Patient signature: _____ **Date:** _____

From time to time, your Treatment Centre may send you a survey, or ask for your feedback. This is a completely optional exercise for you to partake in. Your feedback is always valued. Do you agree for us to contact you using the email address you have provided for user feedback?

Yes:

No:

Completed forms can be returned in person to your treatment centre, via post to the following address:

**Patient Portal Administrator
National Coagulation Centre
3rd Floor , H&H Building
St James's Hospital
Dublin 8
D08A978**

Or by email on myindicpatientportal@stjames.ie

For Office Use Only

Acceptable ID Presented YES NO

Types of Photo ID:

- Drivers Licence
- Passport
- National Age Card
- Public Services Card
- Other (Please state)

Other Valid ID:

- Birth certificate
- Utility Bill - less than 6 months old
- Payslip (with home address)
- Other (Please state)

PRESENTED TO:

DATE:

APPROVED BY :

DATE:

ROLE TITLE: