

## Enrolment form

By completing this form you are asking us to make information from your local records available on the Internet via *PatientView*. This information may come from:

- your existing computer record held in your local unit, and
- other relevant national healthcare-related systems, such as UK Transplant

Once you have been issued with a username and password you will be able to access this information from any Internet-connected computer. Your GP, and some staff from your local unit, will also be able to view it. You can choose to show it to anyone else by using your password.

Your information will not be made available on *PatientView* without your permission. If you decide not to join, or wish to withdraw, it will in no way affect your treatment.

It would be very helpful to further improving PV if you would also permit researchers to contact you or use your anonymised data for analysis. This is will only happen if you tick the permit research box below.

**I understand the information I have been given about the security of my computer-held clinical information. I would like access to my information on the *PatientView* website and agree to be contacted by the team.**

Signed..... Date.....

Print name..... Date of Birth.....

Address.....

Phone Number.....

Email address .....

I am happy to be contacted as above and for my anonymised data to be used for research:

**Please return completed forms to:**

**PatientView – Heart Failure  
Room E2.44 Queen’s Medical Research Institute  
47 Little France Crescent  
Edinburgh  
EH16 4TJ**

<b>FOR OFFICE USE ONLY</b> CHI ..... VITAL DATA <input type="checkbox"/> PATIENT VIEW <input type="checkbox"/> LETTER / INFO /LOG IN <input type="checkbox"/>
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