

Enrolment Form

By completing this form you are asking us to make your information from your diabetes records available to you securely on the Internet via the **mydiabetes*myway** website.

This information may come from:

- Your GP computer record
- Your hospital clinic computer record
- Other computer systems relevant to diabetes, such as the national retinopathy screening system

We will pass your details securely to the 'Citizen's Account' who will issue your username and password. You will then be able to access your information from any Internet-connected computer. This is your personal diabetes information and you should treat it as if it were your bank details.

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

I understand the information I have been given about the management of my computer-held clinical information. I would like to securely access my information on the **mydiabetes*myway website and am happy to be contacted further.**

Signed: _____ **Date:** _____

Print Name: _____ **Date of Birth:** _____

Email: _____ (Please print clearly)

Verified By

This should be completed by a staff member. You should know or be able to confirm the identity of the patient.

It is helpful to check that the name, contact details and GP are correctly recorded on SCI-DC before anyone joins **mydiabetes*myway**. We may contact you to confirm the details and verification outlined in this form.

I confirm the identity of the patient detailed above:

Signed: _____ **Date:** _____

Print Name: _____ **Position:** _____

Email: _____ **(NB: All fields required)**

I confirm the patient CHI as: _____

Please return to:

mydiabetes*myway, Clinical Technology Centre, Level 7, Ninewells Hospital, Dundee, DD1 9SY