

**PATIENT ACCESS TO RECORD
ONLINE GP ELECTRONIC HEALTH RECORD VIEWING SYSTEM
CONSENT FORM**

I would like access to be able to view my GP medical record online.

I have read and understood the 'Information Leaflet for Patients and Carers' and adhere to use the system in a responsible manner in accordance with all instructions given to me by my GP practice.

I agree to inform the practice as soon as possible of any problems/errors I see whilst using the system.

PLEASE COMPLETE ALL RELEVANT INFORMATION BELOW:-

Name of Patient	
Telephone Number	
E Mail	
Date of Birth	
Mobile Number	
Is the online access to be given to someone else other than the patient:	Please indicate: Yes / No
If yes, please state the name below and the relationship to the patient (e.g. legal guardian)	
Name of Person to be given online access:	
Relationship to Patient:	
Please bring this form to reception unsigned and sign at the Practice, witnessed by receptionist	
SIGNED BY THE PATIENT:	DATED:
Witnessing receptionist	
NAME:	DATED:
SIGNED:	