

SHIRES HEALTH CARE

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 (eg legal guardian)	
Name of Person to be given online access:.....	
Relationship to Patient:	
SIGNED BY THE PATIENT:	DATED: