

**Patient Online Access to Medical Records**

Access to appointments and prescriptions will be actioned immediately. Access to your medical records will be passed to a GP for approval. The GP will need to check your whole medical record including all letters. Please allow up to 3 months for access for your full record to be granted.

I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. Accessing my medical record \* Please tick statements below |  |

\* I understand and agree with each statement (tick):

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the   practice |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement |  |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| Email Address |  | | |
| Date of Birth |  | | |
| Signature |  | Date |  |
| Relationship \* |  | | |

\* If signing on behalf of the patient