Patient Consent Form for Detailed Coded Record Access

You can now view your GP medical record online to look at test results, details of consultations and your medical history, including current and past medication.

If you would like to have secure online access to your records, we need to make sure that you understand what this involves and that you are happy for us to use the information about you (provided below) to set up the and operate the service.

The following form will take you through the things you need to think about. By signing the form you will be giving us your permission to go ahead with setting up the service for you. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way.

Access is granted at the discretion of the practice. Your request for access may take up to 28 working days to process. You will be informed if access cannot be granted.

Declaration (please delete response as appropriate):

1. I agree to my GP practice giving me access to my record online.	YES / NO
2. I have been provided with information leaflet about access to GP medical records which I have read and understood.	YES / NO
3. I agree to use the system in a responsible manner in accordance with all instructions given to me by the practice. If not access may be withdrawn.	YES / NO
4. If I see information which does not relate to me, I will immediately log out and report the matter to the practice as soon as possible.	YES / NO
5. I agree that it is my responsibility to keep secure my username and passwords. If I think these have been shared inappropriately I will reset them using the instructions supplied. I am also responsible for keeping safe any information I may print from the record.	YES / NO
6. I agree that my details below may be used to contact me about how useful I find the service and whether it could be improved.	YES / NO
7. I understand that online access is granted at the discretion of the practice, taking into account my best interests. I will be informed of any decision to withdraw the service. *Please note, this does not affect your rights of Subject Access under the Data Protection Act.*	YES / NO
The practice makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.	
8. If I notice any inaccuracies with my record, I will inform the practice manager as soon as possible of any errors or omissions.	YES/NO
9. I understand that I may see information on my record that I was unaware of / have forgotten about that could cause distress.	YES / NO
10. I understand that as before, I will be informed directly, by the practice, of any test results which require further action. Some blood results identified by the Pathology Lab may appear to be outside the normal range but are not necessarily medically significant for the patient. I understand that I may see these results online before the practice has been able to contact me and this may be when the surgery is closed and no-one is available to discuss them with me.	YES / NO
11. I understand that the information may not be a complete record and I should not rely on it for insurance purposes.	YES / NO

Patient Details

Surname	
First Name(s)	
Date of Birth	
NHS number (if known)	
Email*	

*If this address is shared with others please consider whether you agree that it can be used to send you confidential information about your account / the services used as they will also be able to access your login details.
*By proving this address you are consenting for it to be used to send or reset your confidential login details.

Do you currently already have Patient Access Online Services?	YES / NO
If no please ask for a Patient Access Online registration form	

To be signed at reception by patient ……..……..….

Date ……

For practice use only:

Level of record access enabled	Notes / explanation
Detailed Coded ☐ Partial coded ☐ Free text ☐ Documents ☐	

For practice use only			
Patient identity verified by (initials)	Date	Form of identification seen:	Photo ID ☐ Proof of residence ☐

GP authorised: …… Date: ……

DRCA enabled: ……Date: ……...