Ridgmount Practice

Consent for Online Access to Medical Records

Patient Form

You can now view your GP medical record online to look at test results, dates 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.

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 read and understood the information leaflet about access to GP medical records.	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 If not access may be withdrawn.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 ☐

Other considerations

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 by the practice, of any test results which require further action when I contact the Practice for the results. However I understand that I may see these results online before the practice has been able to contact me. This could be while the surgery is closed and there is no one available to discuss them with me.	YES ☐ NO ☐

Patient Details

Surname	
First Name(s)	
Date of Birth	
NHS number (if known)	
Address	
Telephone Number	
Mobile Number	
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.

To be signed at reception by patient_____ Date_____

We will contact you when this has been set up for you. Please remember to keep all your account details secure. If you think your account details may have been shared with someone you should reset them straight away. If you have any queries or concerns about the service or wish to withdraw from the service please ring us on 020 7387 6306.

For practice use only:

Identity verified by (initials)	Date	Method Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Authorised by		Date
Date account created		
Date passphrase sent		
Level of record access enabled All ☐ Prospective ☐ Retrospective ☐ Detailed ☐ Limited parts ☐ Contractual minimum ☐		Notes / explanation

Once actioned Pass to KF to scan into Medical record.

Reviewed and Updated 4.9.2019 GL