# Marton Medical Practice

## PATIENT ACCESS TO MEDICAL RECORDS
## ONLINE GP ELECTRONIC 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 | |
| Date of Birth | |
| Telephone Number | |
| Mobile Number | |
| E Mail | |
| 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 parent/ legal guardian/ friend/relative)

Name of Person to be given online access: ……

Relationship to Patient: ……

***Confidentiality and Young people:***
*Please note that access granted to a parent/guardian will end once the child reaches 16 years. The young person should complete and sign a new consent form If they wish to continue with online access to their medical records.*
*Young people under 16 years are sometimes competent to make important decisions themselves. The Practice will take this into account if they do not wish to grant access to their medical records to a parent.*

| | |
|---|---|
| SIGNED BY THE PATIENT: | DATED: |

For Acton by Practice:
ID Checked YES/NO Care Record viewing activated YES/NO Linkage key issued YES/NO

ID document details: 1)
2)

Actioned by: Date:

*Scan completed and actioned form to medical records*