**Patient Consent Form for Online Services**

**I would like to register to use the online services.**

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Mobile Number |  |

Signed………………………………………………………………………………….

Print Name…………………………………………………………………………..

Date…………………………………………………………………………………….

**Online Access to your Medical Record**

Patient Consent Form

I would like to register to use the electronic patient access to records system.

I have read and understood the information leaflet about access to

my records and I consent to my GP practice giving me access to my

record via the internet.

I agree 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 errors I see whilst using the system. If I see any patient information which does not relate to me, I will immediately log out and report the matter to the GP practice as soon as possible.

|  |  |
| --- | --- |
| Surname |  |
| First Name |  |
| Date of Birth |  |
| Address |  |
| Post Code |  |
| Telephone Number |  |
| Mobile Number |  |

Signed………………………………………………………………………………………………….

Print Name………………………………………………………………………………………….

Date……………………………………………………………………………………………………