



## Bolton Community Practice

### Consent for Online Access to Medical Records & Test Results

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

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 and operate the service.

The following form will take you through the things you need to think about. We have provided a detailed guide of 'frequently asked questions' about online access to medical records and test results which you should also read before completing this declaration.

By signing this 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 tick response as appropriate)

	YES	NO
1. I agree to my GP practice giving me access to my record online.		
2. I have read and understood the patient guide about online access to medical records and test results.		
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 If not access may be withdrawn.		
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.		
5. I agree that it is my responsibility to keep my username and password secure. 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.		
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.		
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 not to provide access or withdraw access. Please note, this does not affect your rights of Subject Access under the Data Protection Act		



**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

	YES	NO
1. If I notice any inaccuracies with my record, I will inform the practice as soon as possible of any errors or omissions.		
2. I understand that I may see information on my record that I was unaware of or have forgotten about that could cause me distress		
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.		
4. I understand that, as before, I will be informed by the practice of any test results that require action. 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 with me.		

**Patient Details**

<b>Surname</b>	
<b>First Names(s)</b>	
<b>Date of Birth</b>	
<b>NHS Number</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Mobile Number</b>	
<b>Email*</b>	

\*If this account is shared with others, please consider whether you agree that it can be used to send you confidential information about your account/services used

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

Date.....



Your health in our hands

Once you have completed this form, your usual GP will review your medical records. This is to check that there is no information that your GP thinks you may have forgotten about or may find distressing. Your GP will either authorise access to your records or may, in the circumstances above, ask you to attend a consultation to discuss information in your records before authorising access.

Once access to your records has been authorised by your usual GP, we will contact you to inform you that your access has been set up. Please remember to keep all your account details secure.

If you have any queries or concerns about your records or the service or wish to withdraw from the service, please ring us on 01204 463444.

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**For Practice Use**

GP authorised: Yes/No

Name of GP: .....

Date: .....

Account enabled by: .....

Date: .....

Patient informed: Yes/No

Date: .....

***Please scan completed form into patient medical records***