

Chopwell Primary Healthcare Centre

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.....

Chopwell Primary Healthcare Centre

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.....