

STEYNING HEALTH CENTRE

PATIENT CONSENT FORM FOR DETAILED CODED RECORD ACCESS

You can now view some of your GP medical record online. You can request to look at test results, coded detail of consultations, your medical history as well as current and past medication.

THIS ONLINE SERVICE IS DIFFERENT TO A FORMAL REQUEST FOR A COPY OF YOUR FULL MEDICAL RECORD FOR WHICH THERE IS A PAYABLE FEE, WHICH YOU ARE STILL ENTITLED TO MAKE AN APPLICATION FOR.

If you would like to have secure access to view your coded medical record, we need to make sure that you understand what this involves. The following form will take you through the things you need to think about. By signing this form you will be giving us your permission to set you up with access to this service. If you decide not to join or wish to withdraw, this will not affect your healthcare treatment in any way. Access is granted at the discretion of your GP. You will be informed if access is not granted.

DECLARATION (Please tick as appropriate)

1. I agree to Steyning Health Centre giving me access to my coded record online.
2. I have been provided with an information leaflet which I have read and understood.
3. I agree to use the online system in a responsible manner and understand that access may be withdrawn.
4. If I see information that does not relate to me, I will immediately log out and report the matter to Steyning Health Centre.
5. I agree that it is my responsibility to keep my login details secure. I am also responsible for keeping safe any information that I print.
6. I understand that online access is granted at the discretion of my GP, taking into account my best interests.

OTHER CONSIDERATIONS (Please tick as appropriate)

Steyning Health Centre makes every effort to record information as accurately as possible, however there may be information that you do not feel is correct.

1. If I notice any inaccuracies, errors or omissions with my coded record, I will put them in writing addressed to my GP as soon as possible.
2. I understand that I may see information on my record that I was unaware of or have forgotten about that could cause me some distress.
3. I understand that as before, I will be informed directly by Steyning Health Centre of any test results which require further action. However I understand that I may see these results, which need further action before the surgery has been able to contact me.

Name Date of birth

Address Postcode.....

Signature..... Date.....

For staff use only:

Photographic proof received and verified

Contact details checked

Online access information leaflet supplied given to patient

Request for access to view the coded medical record **granted** by..... Signed..... Date.....

Request for access to view the coded medical record has been **denied**