

Elsenham Surgery – Existing Patient Access

CONSENT FORM FOR PATIENT ACCESS TO GP RECORDS

****I wish to have access to view my GP record	YES/NO
Laboratory Test Results	YES/NO
Immunisations	YES/NO
Problems	YES/NO
Consultations	YES/NO
ALL OF THE ABOVE	YES/NO

I agree to use the system in a responsible manner and to immediately report any errors I encounter whilst using the system. If I see any patient data which does not relate to me I will immediately log out and report the matter to Elsenham Surgery

Signed..... ****please indicate above

Print.....

Date of Birth.....

Date.....

For Administration only

Photo ID seen by.....

Address ID seen by

Date.....