

**CARNEWATER PRACTICE
PATIENT ACCESS TO RECORD
ONLINE GP ELECTRONIC HEALTH RECORD VIEWING SYTEM**

CONSENT FORM

I would like access to be able to view my GP medical record online.

I have read and understood the 'Information Leaflet for Patients and Carers' and adhere 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 in writing as soon as possible of any problems/errors I see whilst using the system.

PLEASE COMPLETE ALL RELEVANT INFORMATION BELOW:-

Name of Patient	
Telephone Number	
E Mail	
Date of Birth	
Mobile Number	
SIGNED BY PATIENT:	DATED: