

Oakview Family Practice

Online Medical Record Viewer Enrolment Form

By completing this form you are asking us to make information from GP records available on the Internet via Patient Access. Your information will not be made available without your permission. If you decide not to join, or wish to withdraw, it will not affect your treatment in any way

Things to Consider

Although the chance of the following things happening is very small, please read and tick the box to confirm that you have understood:

1. Forgotten History

There may be something you have forgotten about that could cause distress

2. Abnormal Results/Bad News

You may see this before you have spoken to the doctor, or while the surgery is closed and you cannot contact them

3. Errors in your Record

In this case please contact the Surgery

PLEASE COMPLETE IN BLOCK CAPITALS

Name of Patient

Date of Birth

If you are enrolling on behalf of someone else, please fill in your details here and your relationship to the patient:

Name:

Relationship to Patient:

Email address

Phone number

8 digits OR more Medical Record Viewer passcode (can be all letters/numbers or a mix of both) this is case-sensitive so write it exactly as you wish it to be entered. For example: RECORDS12 or records12.

Write passcode here:

I agree that by completing this form I have read the online Record Access Information

Signature

Date