

**Clarendon Lodge Medical Practice
Online Medical Record Access
Consent Form**

If you want to register to use the Patient Access Medical Record Viewer, please complete this form and hand it in at reception together with the questionnaire and 2 forms of ID (see ***Guide for Patients*** for details). One must be a form of photo ID.

I have read and understood the information in the *Guide for Patients* and I consent to the practice giving me access to my electronic health record via the internet, subject to the information in the guide.

I also agree:

- To use the Patient Access Medical Record Viewer in a responsible way**
- To follow all the instructions that the practice has given me**
- To report any errors to the practice**
- To log off the system immediately and contact the practice if I see any information about someone else**

Name:	
Date of birth:	
Email address:	
Signed:	
Date:	

This form will be scanned and attached to your medical record.

You will receive an email once your request has been approved.
This may take up to 7 working days.