## Clarendon Lodge Medical Practice Online Medical Records Access Questionnaire

This questionnaire is about Online Medical Record Access and goes through the main issues you need to understand before you can access your records over the internet. This is NOT a test with a pass or fail – its purpose is to go through issues with you so that you feel happy to be able to decide whether you wish to access your records. Please add further comments if you wish.

Name: (Block capitals)		
Date of Birth:		
Please answer all questions.		
<ol> <li>Have you read the <i>Guide for Patients</i> on viewing your medical records online?</li> </ol>	YES NO	
2. The system allows you to see a summary of your medical record: diagnoses, allergies, medications, recent consultations, letters to the GP and test results. Are you happy to view this information?	YES	
	NO	
3 You need two passwords, one to book online appointments and the second to access your medical record. Keep them safe and secure. You should not share your passwords.	YES	
Do you agree this is safe and secure enough?	NO	
<ol> <li>You may see that a test result is reported as 'abnormal' or information about you that concerns you.</li> </ol>	Open results and make a routine appointment to see the doctor/nurse to discuss my concerns □	
For example, you may have seen a hospital doctor who will write to your GP. You may read information in their letter that you do	Not view an abnormal result but make an appointment to see the doctor/nurse	
not understand or you find upsetting. You may have a test done that shows something 'bad' that you were not	Panic and get worked up if surgery is closed $\Box$	
expecting. (e.g. an x-ray report which shows you have a 'shadow' on your lungs). You may	Look at some of the recommended websites	
be reading these results/letters when the surgery is closed, in the evening or at the weekend, before the GP has accessed them.	Contact NHS Direct to get further information	
How do you think you would you react in these circumstances? Please tick boxes opposite as appropriate	Contact the Out of Hours Service $\Box$	
	Other (please state):	

<ul> <li>Sometimes information may be recorded that is incorrect or there may be information that you think is missing. Would you inform the practice so that your records can be corrected?</li> </ul>	YES NO
6. Do you feel you have a better understanding of 'Medical Records Access' and what the issues are about it?	YES NO

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Thank you for your time. We hope the issues highlighted have helped with your decision as to whether you wish to access your medical records over the internet. Please sign the questionnaire if you still wish to register for online medical record access and follow the instructions in the 'Guide for Patients' on the surgery website.

Signature: .....

Date: .....

Do you have any additional comments?