

Consent form for Online Detailed Coded Record Access

You now have the ability to request the creation and use of your personal online Detailed Coded GP medical record. In addition to your base SystemOnline account this allows you to view your test results and detailed coded record, which is a summary of the medical codes that have been used by your GP to regulate your care. For more information on your online record please visit www.nhs.uk/patientonline.

Please read and sign this form to grant us your written permission to set up this service for you.

Access is granted at the discretion of the practice, and may take up to 21 working days to process. You will be informed if your access cannot be granted.

You have the right to withdraw your access at any time. The use of a Detailed Coded Record or lack thereof will not affect your medical treatment in any way.

Declaration

In order for us to grant you access you must provide us with signed permission and in so doing agree to all of the following points, which can also be found on our website:

- I agree to my GP granting me access to my online Detailed Coded Record
- I agree to use the system in a responsible manner in accordance with all instructions given to me by the Practice.
- I agree to report to the Practice immediately if I find in my Detailed Coded Record any medical information unrelated to me or another patient that I have the right to access the data for.
- I agree to report to the Practice Manager in writing of any medical information related to me that I believe to be inaccurate. The Practice will thoroughly investigate any reported incidence of incorrect medical data or omission and must provide you the results of their findings.
- I agree that it is my responsibility to keep my username and passwords secure, and will reset my password if I believe that my login details have been shared with someone that does not have the written permission to access my data.
- I agree that online access is given at the discretion of the Practice, who retain the right to withdraw this access at any time. The Practice must inform me in writing of any decision to withdraw this service. This does not affect your statutory rights.
- I understand that I may see coded medical information that I was unaware of which could cause distress.
- I understand that it could be possible for me to view test results requiring further action before the Practice has had the opportunity to contact me regarding them, and this could come at a time outside of our operating hours when a member of the Saxonbrook team is unable to discuss them with me.

Name	
Date of Birth	
NHS Number (if known)	
Email*	

*Please note that any email used as part of your medical care should only be accessible by yourself or anyone else who has written permission to view your medical record. For example messages in a work or organisation email account could be accessible by the organisation itself depending on its policies.

Signature:

Date:

For Practice use only:

Level of record access enabled:

Authorisation Date:

Authoriser Name:

Authoriser Signature:

"Saxonbrook Medical is a team of skilled people aiming to provide quality healthcare to our local communities in a welcoming environment."

Partners: Dr Ian Anderson, Dr Hicham Nakouzi

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