

# Camberley Health Centre

Dr Fisher and Partners

## Application Form for Online Access to your Medical Records

Please use this form if you already have an online account to book and cancel appointments and to order repeat prescriptions and you would like to extend this to enable you to view your medical records online.

Please note that the security of your account is your responsibility. If you are given access to your medical records you should be aware that anyone who has access to your account username and password will also have access to your medical records. If this concerns you, then please restrict your request to appointments and prescriptions.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

Please extend my Patient Access account to include:

- Medical records - laboratory test results
- Medical records – documents and letters
- Medical records – problems (Asthma, pregnancy, broken bone, etc)
- Medical records – consultation codes

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please **return this form** to reception with your **passport** or other photographic proof of identity. The receptionist will check your identity and pass your request to your GP. Please note that you must bring the form yourself so that we can confirm your identity.

*GP use only below this line. Thank you .*

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## GP Consent for an Extended Patient Services Account

Allergies and current medication will be included if you add any of the options below.

yes / no Laboratory test results

Only reviewed lab results are shown. ie. after you have commented.

Free text from this date: \_\_\_\_\_

yes / no Documents from this date: \_\_\_\_\_

Free text from this date: \_\_\_\_\_

yes / no Immunisations

yes / no Problems

Free text from this date: \_\_\_\_\_

yes / no Consultations and READ codes from this date: \_\_\_\_\_

Free text from this date: \_\_\_\_\_

Where relevant, please note below why you have given the patient less access than they requested:

\_\_\_\_\_

I have reviewed all the data that the patient will be able to view and confirm that it does not include medical details for a third party and that access to this data not be harmful to the patient.

RF AC GM SS SO KH FR