**ACCESS TO ONLINE MEDICAL RECORDS IS EXTREMELY CONFIDENITAL**

**Patient’s Name: DOB: Contact Number**

***This enables you to view your electronic medical record. Third party details have been redacted from this medical record***

**Please ensure your logon details and information secure at all times.**

**I take full responsibility for the management and safe keeping of these medical record once I have gained access to this online. Or that of my child /dependent.**

**Signed by the patient:**..................................................... **Date:**

**Signed by the Guardian or Carer:** ............................................................. **Date:**

**(if consent has been given to disclose medical records to this person):**

**Name of Guardian or Carer :** ..........................................................................................................................

**Please note this form will be scanned on to your medical record. A copy of this form to be given to the patient/patient representative. Original to the Secretary.**

Staff: I can confirm that the relevant ID checks have been made.

Signature : ………………………………………………………………………… Name: ……………………………………………………..

GP: I have allowed access to the records.

Signature: …………………………………………………………………………. Name: Drs Irelewuyi, Prabhu & Rogbeer