

Patient Record Access Agreement.

Patient Name: _____ Address: _____ _____ _____ Telephone : _____	NHS Number: _____ Date of Birth: _____ Mobile Tel: _____
Done By Name: _____	Date: _____

Patient Record Access Agreement.

ONLY COMPLETE THIS QUESTIONNAIRE IF YOU HAVE BEEN APPROACHED BY A MEMBER OF THE PRACTICE.
The practice is trialling Record Access for a select number of patients.

This questionnaire is to help the Practice check your understanding and suitability for Record Access.
Before you start this questionnaire, please read the Record Access leaflet on our practice website or copy the following link into your browser

<http://tinyurl.com/nqdzuo>

All questions marked with a *should be answered

1. Record Access Questions

1.* I wish to access my medical record online and I agree that I have read and understood the information leaflet, which can be found by copying this link into your browser <http://tinyurl.com/nqdzuo>

Yes

No

2.* I will be responsible for keeping any information I read, copy, download or print, safe and secure

Yes

No

3.* I am completing this questionnaire for myself

Yes

No

4.* I am confident using my login and passwords to access Online Services

Yes

No

5.* I agree that if I choose to share my information with anyone else, this is at my own risk

Yes

No

6.* I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement

Yes

No

7.* After I visited the Practice or Hospital, I agree that it can be beneficial to me to view the details of the visit in my record?

- Yes
- No

8.* There may be an instance when accessing my medical record online, I may read some information that could be unexpected or upsetting. If this happens I would:

TICK ALL THAT APPLY

- Not view the test results but wait until I see the Doctor or Nurse
- Panic and become distressed
- Look up the information online using NHS Choices or Patient.co.uk
- Wait and contact the practice when they are next open
- Contact 111 for further information
- Contact out of hours service
- Go to Accident and Emergency

9.* A new letter has arrived in my health record. I open up the letter to find another patient. If this happens I would:

TICK ALL THAT APPLY

- Not tell anybody about it
- Read it and then tell others what the person suffers with
- Inform the practice straight away or when they are next open

10.*If I read information in my record that someone else, such as a friend, neighbour, family member or care professional has said about me, would it upset me?

TICK ALL THAT APPLY

- No, I understand the practice has a responsibility to keep records about me
- Yes, I do not want this information in my record
- Yes, you should not believe what other people say
- Yes, this could damage the relationship with the other person
- I do not know

11.* Do you think you understand what Record Access means?

- Yes
- No

12. If you have any other comments about record access or this questionnaire please submit them here: