

# Viewing Your Electronic Health Records Online

This form is only for patients aged over 16

**First Name**

**Last Name**

**Date of Birth**

**Postcode**

**Contact Number**

**Email**

**I am doing this questionnaire for myself.**

**If you have answered no, please state your relationship to the patient**

Yes      No

**Can you read and understand English?**

Yes      No

**Have you registered for ordering repeat prescriptions and booking appointments on-line?**

Yes      No

**Are you happy to use passwords to access your record?**

Yes      No

**After you have been to the doctor or to the hospital, you can check if the encounter has been recorded and what was discussed. Do you agree this is a good reason to have access to your records?**

Yes      No

**Would you like to feedback what you think of the Records Access system?**

**There may be an instance when accessing your medical records online, you may read some information that could be shocking or upsetting. What do you do if this happens and you cannot speak to your doctor/nurse immediately? (Please tick all that apply)**

Not view the test results but wait until you see a Clinician

Panic and get worked up

Look at reputable websites like NHS Choices or check the Health A-Z section

Wait and contact the practice the next working day

Contact 111 to get further information

Go to A&E for further help

**You see a new letter has arrived in your electronic health record.**

**You open up the letter to find it is about another patient in the practice. What do you do?**

Read it and tell that person what you have read

Inform the practice

Don't tell anybody about it

**Would it upset you if you read something somebody else has said about you with regards to your health?**

No

Yes – I don't want this information kept in my record

Yes – You should not believe what others say

Yes – this could destroy our relationship

Don't Know

**Do you feel you understand what Records Access means?**

Yes      No

**Signature:**

**Date:**