**The Rockwell & Wrose Practice**

**ONLINE MEDICAL RECORDS VIEWING CONSENT**

To enable access to our Online Medical Records we require you to complete the details below to confirm you are consenting to The Rockwell & Wrose Practice releasing these registration details.

Please sign below to confirm the following:

* I consent to The Rockwell & Wrose Practice enabling me access to my electronic health record via the internet.
* I further agree to the use of the system in a responsible manner, and to immediately report any errors whilst using the system.
* I accept that it is my responsibility to maintain my online username & password secure, to protect unauthorised access to my medical records.
* If I see any data which does not relate to me, I will immediately log out and report the matter to The Rockwell & Wrose Practice.

Signed....................................................................Date......................................

Print Name...........................................................................................................

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