

Parkbury House Surgery

Application for PROXY Online Patient Access to Medical Record - CHILD

Please note that we will give you access as soon as we are able to, but this can take up to one calendar month as we need to check your complete online record before access can be agreed by a clinician.

Patient Details

First Name	Address
Surname	
Date of Birth	
Mobile Number	
Email Address	

Details of the person making the request on behalf of a patient eg: parent/ guardian/ carer

First Name	Address
Surname	
Date of Birth	
Mobile Number	
Email Address	

Relationship to the patient

Tick whichever of the following statements apply:

I am acting in Loco Parentis and the patient is under 11 years of age	
I am acting in Loco Parentis and the patient is under 16 years of age and is incapable of understanding the request	

Please note:

At the age of 11 online access will be disabled except for booking an appointment

At the age of 16 - online access will be disabled and the 16-year-old may register for their own online access

Sign in the box to accept access to the following:

<ul style="list-style-type: none">• Current acute and repeat medication• Allergies• Immunisations• Update personal details• Book and cancel appointments• Test Results - including free text• All coded information• Send an administration message	
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I wish to have PROXY ACCESS to the online medical record of the patient recorded above and understand and agree with each statement

I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	
I will be responsible for the security of the information that I see or download	
I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement	
If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	

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Declaration: I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the GDPR legislation 2018.

Patient - Proof of Identity given:

1	[Photo ID - Passport, photo drivers' licence, birth certificate (for a child only)]
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Person making the request on behalf of a patient - Proof of Identity given:

1	[Photo ID - Passport, photo drivers' licence]
2	If not registered at the practice: [Passport, drivers licence, bank statement, utility bill (dated within the last 3 months)]

If you wish to access the records of a child please bring in your child's birth certificate as proof of parental responsibility.

Evidence provided:

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Under the GDPR legislation 2018 there are certain circumstances in which the record holder may withhold information. Access may be denied, or limited, where the information might cause harm to the physical or mental health or condition of the patient, or any other person, or where giving access would disclose information to or provided by a third person who had not consented to the disclosure.

Please note that you agree to use Parkbury House Online Access in accordance with the information leaflet we have provided you. This leaflet gives specific guidance on Parkbury House Surgery online booking policy.

Name:

Signature:

Date:

Verified by:

Name:

Signature:

Date: