

Application form for viewing full medical record online (Proxy)

(See notes on next page to consider prior to seeking access)

Name of Person for whom Proxy access is being sought		
Surname	Date of birth	
First name		
Address		
Email address		
Telephone number	Mobile number	
I/we wish to access medical records online and understand and agree with each statement (tick)		
1. I/we will be responsible for the security of the information that I see or download and I have read the information on the next page	<input type="checkbox"/>	
2. If I/we choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>	
3. If I/we suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>	
4. If I/we see information in my record that is not about the person or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>	
5. If I/we think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>	
6. I/we accept I/we may see something I/we have forgotten or may find upsetting	<input type="checkbox"/>	
I/we are the parent/guardian/carer of the person named above		
Signature of parent/guardian/carer (if joint parental responsibility then both parents are requested to give signed consent)		
Name	Signature	Date
Relation to the patient:		
Address		
Email		
Home Number	Mobile Number	
Signature of parent/guardian/carer (if joint parental responsibility then both parents are requested to give signed consent)		
Name	Signature	Date
Relation to the patient:		
Address		
Email		
Home Number	Mobile Number	

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<p>PATIENT CONSENT:</p> <p>I give consent for the document to register for medical record access to be sent to the first parents email address shown on this form:</p> <p>Signature and date:</p> <p>Printed Name:</p>	
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For practice use only		
Patient NHS number		
Identity verified by (initials)	Practice computer ID number	
Documentary evidence provided	Method used	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by		
Date access created	Date	
Date patient informed – or message added to clinical notes due to SMS message		
Additional notes		
Reason for refusal if record access is refused after clinical	Assured by (initials)	

Please note:

- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. Access can also be gained on some phones using fingerprints or Face ID – please consider this.
- If you have concerns about this, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.
- If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone they feel it could harm or be put at risk.

Key considerations

<p>Forgotten history - There may be something you have forgotten about in your record that you might find upsetting.</p>
<p>Abnormal results or bad news - If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.</p>
<p>Choosing to share your information with someone - It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.</p>
<p>Coercion - If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.</p>

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Misunderstood information - Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else - If you spot something in the record that is not about the patient or notice any other errors, please log out of the system immediately and contact the practice as soon as possible via email.