

**PATIENT ONLINE ACCESS TO MEDICAL RECORDS /
PROXY ONLINE ACCESS [for Parents to access child's records]
CONSENT FORM**

- I would like access to be able to view my GP medical record online.
- To obtain **proxy access**, the parent must be registered for online access at our practice.
- One parent, with parental rights, may request proxy access for their child under the age of 11.
- Parent with proxy access will be able to book appointments and order repeat prescriptions for the child, and will also have access to the elements of the child's patient record that have been released for online access.
- The parent must show proof of ID and proof of parental right eg birth certificate, at the time of requesting proxy access for their child. **If there are any limitations on access to child or their information imposed by Court or Social Services it must be declared**

I have read and understood the 'Patient Information Leaflet for online access' and adhere to use the system in a responsible manner in accordance with all instructions given to me by my GP practice. I agree to inform the practice as soon as possible of any problems/errors I see whilst using the system.

YES

PLEASE COMPLETE ALL RELEVANT INFORMATION BELOW:-

Name of Patient		
Date of Birth		Age
Telephone number		
Mobile number		
Email address		
Is the online access to be given to someone else other than patient (Proxy Access):	Please indicate YES <input type="checkbox"/> NO <input type="checkbox"/>	

If yes, please state the name below and the relationship to the patient (eg parent/ legal guardian/ friend/ relative:

Name of the person to be given online access

Relationship to patient:

Confidentiality and Young people:

- Please note that access granted to a parent/guardian will end once the child reaches 11 years.
- The young person should complete and sign a new consent form if they wish to continue with online access to their medical records.
- Anyone over 16 is presumed to have consent to access online medical records
- Young people under 16 years are sometimes competent to make important decisions themselves. The Practice will take this into account if they do not wish to grant access to their medical records to a parent.

Signed by the patient:

Dated:

For Action by Practice:

ID Checked YES / NO

Care Record viewing activated YES / NO

Pass Phrase issued YES / NO

ID document details: 1)
2)

Actioned by:

Date:

Please Scan completed and actioned form to medical records