**WILLERBY AND SWANLAND SURGERY**

**PROXY ACCESS REQUEST FORM FOR ONLINE ACCESS**

**(this form is NOT to be used for personal access)**

INFORMATION FOR ONLINE PROXY ACCESS AGE 11 - 15 Once a child reaches the age of 11, they are entitled to either give or withhold consent for parents/legal guardians to be able to access their online medical records. When a child reaches their 11th birthday the proxy access service ceases. In the eyes of the law a child is a child until they reach their 18th birthday.

Please complete this in BLOCK capitals and bring to our Reception with the relevant documentation.

If you are requesting access to a dependent child record (under 11yrs).

If you are requesting proxy access to the records of an adult (age 11yrs and older) we will need to verify your request with the doctor.

For the purposes of medical treatment the boundaries are different and in some circumstances a child aged younger than 16 years may access medical services without the knowledge of their parents. In those cases the patient is entitled to retain their confidentiality. Considering this and in all cases online proxy access will be withdrawn once the patient reaches their 11th birthday.

Text reminders of forthcoming appointments will also cease at that time as it is common for parents/legal guardians to list their mobile number on their child’s medical record. This does not remove parental/legal guardian consent or involvement in their child’s medical health care.

As a parent/legal guardian, you may continue to act on behalf of your child, where this is in their best interest. In some cases it may be appropriate for parents/legal guardians to continue to access their child’s medical record online, in cases such as those involving learning disabilities or complex repeat medications for example.

If you think you might have such a justification to continue to access your child’s record via Patient Access please contact the surgery to arrange a consultation with your child’s usual GP to discuss with both yourself and the child concerned.

|  |  |
| --- | --- |
| **Your full Name** |  |
| Your Date of Birth |  |
| Your full Address |  |
| Your home telephone |  |
| Your mobile telephone |  |
| Your email address |  |

**Details of whose record you want to have proxy access to :**

|  |  |
| --- | --- |
| **Patient full Name** |  |
| **Patient Date of Birth** |  |

Please bring with you a form of photo ID and proof of address as listed below: **IF THE PATIENT is aged over 11yrs please** bring the photo identification documents for them as well as your own. The reception team will verify and note the document numbers

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Document type** | **Self** | | **Patient** | **Document type** | **Self** | | **Patient** |
| Photo drivers licence |  | |  | Passport |  | |  |
| Bus pass / Rail card |  | |  | Student ID card |  | |  |
| EU identity card |  | |  | Other (please state) |  | |  |
| **Proof of address documents must be less than 3 months old.** | | | | | | | |
| Bank/Building Society statement | |  | | Gas or Electricity bill | |  | |
| Mortgage statement | |  | | Phone bill (NOT mobile) | |  | |
| Water bill | |  | | Council tax bill | |  | |
| Benefit Agency letter | |  | | Rent agreement | |  | |

For an adult aged 11yrs or older – please state why you are requesting online access to their medical records :

I wish to apply for proxy online access for (Name of patient)

I understand that I will be responsible for the security of access and that the practice may withdraw this access in event that their security or use of this service is compromised – and/or that the person objects and/or that the person reaches the age of 11yrs.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practice use

|  |  |
| --- | --- |
| Date received |  |
| Documents verified by |  |
| Duty doctor approved |  |
| PIN/ID issued |  |
| Scanned |  |