

Parkbury House Surgery

Application for Online Patient Access to Medical Record - PROXY

Please note that we will give you access as soon as we are able to, but this can take up to 14 days 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 (if applicable) eg: parent

First Name	Address
Surname	
Date of Birth	
Mobile Number	
Email Address	

Relationship to the patient

Tick whichever of the following statements apply:

I have been asked to request access by the patient and attach the patient's written authorisation	
I am requesting access to the record of a patient that is incapable of understanding the request	

Please note:

If the patient is capable and able to access Online Access then we won't issue proxy access. A patient is able to share their access with anyone they choose to through the Online Access website.

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 Data Protection Act 1998.

Patient - Proof of Identity given:

1	[Photo ID - Passport, photo drivers' license, 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' license]
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2	If not registered at the practice: [Passport, drivers license, bank statement, utility bill (dated within the last 3 months)]
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If you wish to access the records of an adult with capacity, we also require written confirmation from the patient. We have a separate form they need to complete.

Evidence provided:

Under the Data Protection Act 1998 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: