



Monkseaton Medical Centre & Bridge Medical Online Access to Health Records Request – Proxy Access

In accordance with the UK General Data Protection Regulation (UK GDPR)

Guidance notes – please read before completing this form:

If a child aged 11 or over has ‘sufficient understanding and intelligence to enable him/her to understand fully what is proposed’ (known as Gillick Competence), then s/he will be competent to give consent for him/herself but may wish a parent to countersign as well.

1. Proxy access to health records where a patient has capacity (all parental requests) – Sections 1, 2, 4, 5 & 6
2. Proxy access to health records where a patient does not have capacity – Sections 1, 3, 4, 5 & 6

Section 1: Patient details (whose record is being requested)

Title	
First Name	
Surname	
Date of Birth	
NHS Number (if known)	
Contact Number	
Home Address (inc. postcode)	

Section 2: Consent to proxy access to GP Online Services (if patient has capacity)

- I, _____ (name of patient), give permission to my GP practice to grant proxy access to the online services indicated in Section 5 to the person/people listed below
- I reserve the right to reverse any decision I make in granting proxy access at any time
- I understand the risks of allowing someone else to have access to my health records
- I have read and understand the information leaflet provided by the organisation

Patient Signature		Date	
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Details for person(s) being granted access			
Name		Name	
DOB		DOB	
Home Address (inc. postcode)		Home Address (inc. postcode)	
Contact Number		Contact Number	

Reason for access:



I have been asked to act by the patient	<input type="checkbox"/>
I care for this patient in a professional context (Job role: _____)	<input type="checkbox"/>
I care for this patient informally (e.g. relative/friend)	<input type="checkbox"/>
I have power of attorney for health and welfare (please provide a copy)	<input type="checkbox"/>
I have full parental responsibility for the patient and the patient is under the age of 18 and has consented to my making this request or is incapable of understanding the request	<input type="checkbox"/>

Section 3: Consent to proxy access to GP Online Services (if patient does not have capacity)

Details for person(s) being granted access			
Name		Name	
DOB		DOB	
Home Address (inc. postcode)		Home Address (inc. postcode)	
Contact Number		Contact Number	

Reason for access:

I/we have been appointed by the court to manage the patient's affairs and attach a certified copy of the court order	<input type="checkbox"/>
I am / we are acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>
I/we have power of attorney for health and welfare (please provide a copy)	<input type="checkbox"/>

Section 4: Proxy access online services requested

I/we wish to have access to the following online services (please tick all that apply):

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to the patients medical records	<input type="checkbox"/>

Section 5: Proxy declaration

I/we wish to access the medical record online of the above named patient and I/we understand and agree with each statement (tick):

I/we have read and understood the information leaflet provided by the organisation and agree that I/we will treat the patient information as confidential	<input type="checkbox"/>
I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the organisation as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>
I am aware that proxy access for children is automatically turned off at age 11	<input type="checkbox"/>



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 2018.

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Applicant Signature		Date	
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Section 6: Proof of identity

All applicants will be asked to provide two forms of identification, one of which must be photographic identification, before access can be set up.

ADDITIONAL NOTES:

Before returning this form, please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirmed your identity by a counter signature
- Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

For staff use only:

Type of identification seen	1.		2.	
Staff member verifying identity		Date		

Date account created		Created by		Password sent?	
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