

"We will encourage people to take responsibility for their own health and well-being whilst treating those who become ill with care, compassion and skill."

PROXY ONLINE ACCESS TO RECORDS REQUEST

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

Guidance notes – please read before completing this form:

Patients with online accounts, such as through the NHS App, should be able to read new (prospective) entries in their health record. This form applies to past (retrospective) record entries and historic data.

For proxy access, i.e., access by a third-party could be established for convenience, or for when a patient lacks capacity. In all instances the best interest of the patient must be confirmed, and appropriate forms of identity confirmed. A proxy agreement could either be an informal arrangement, or more formal via a lasting power of attorney (LPA).

Age 0-10 years: Parents can apply for access to their child's record. When child reaches 11 years old, Box Surgery will switch off proxy access. Parents can have access to prescription ordering, appointment booking and detailed coded access.

Age 11-16 years: Each application is considered individually with the interests of the child being paramount as children in this age range can be considered to be competent to make their own decisions about their healthcare.

Age 16+ years: Proxy access is turned off on the patient's 16th birthday. It is encouraged that the patient has their own log in details from this age. We understand this may not be appropriate in specific cases.

It should be noted that whilst there is legally no cut off when a child may be considered to have 'sufficient understanding and intelligence to enable him/her to understand fully what is proposed' (known as Gillick Competence), it is good practice to implement standard review dates in line with a young person's evolving maturity and ability to consent to proxy access.

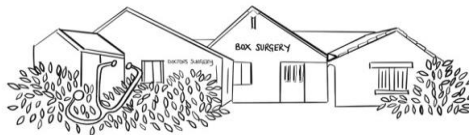
Even if a child aged 13 or over may be competent to give consent for him/herself, they may still wish a parent to countersign.

For further guidance, refer to Section 7.2 of NHS England guidance titled [DAPB3051: Proxy](#).

- Proxy access to health records where patient has capacity (Sections 1, 3, 5, 6 and 7)
- Proxy access to health records where patient does not have capacity (Sections 1, 4, 5, 6 and 7)
- Parents requiring access to their child's (age 13-17) record (Sections 1, 3, 5, 6 and 7)

Section 1: Patient details

Surname		Former name	
Forename		Title	
Date of birth		NHS number	
Address:			



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Telephone No	
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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 give the following person/people proxy access to the online services as indicated below in Section 5
- 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

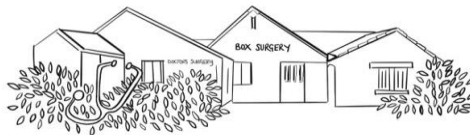
Patient signature:		Date:	
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I/We wish to have access to the health records on **behalf of** the above-named patient. If more persons are being given access, then continue on a separate sheet of paper.

Surname		Surname	
First name		First name	
Title		Title	
Date of birth		Date of birth	
Address		Address	
Email		Email	
Telephone		Telephone	

Reason for access:

I have been asked to act by the patient	<input type="radio"/>
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 (delete as appropriate)	<input type="radio"/>



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Section 4: Consent to proxy access to GP Online Services (if patient does not have capacity)

I/We wish to have access to the health records on **behalf of** the above-named patient. If more persons are being given access, then continue on a separate sheet of paper.

Surname		Surname	
First name		First name	
Title		Title	
Date of birth		Date of birth	
Address		Address	
Email		Email	
Telephone		Telephone	

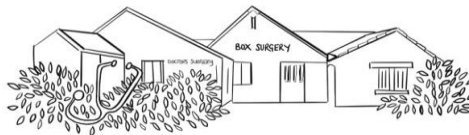
Reason for access:

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<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 am/We are the deceased person's personal representative and attach confirmation of my/our appointment (grant of probate/letters of administration)	<input type="checkbox"/>
I/We have written and witnessed consent from the deceased person's personal representative and attach Proof of Appointment	<input type="checkbox"/>
I/We have a claim arising from the person's death (please state details below)	<input type="checkbox"/>

Section 5: Proxy access online services available

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 my medical records	<input type="checkbox"/>



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Section 6: Proxy declaration

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

I/We have read and understood the information provided by NHS England in their webpage titled Accessing GP services for someone else, with proxy access . I/we 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 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 7: Proof of identity

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide two forms of identification, one of which must be photographic identification before access can be set up.

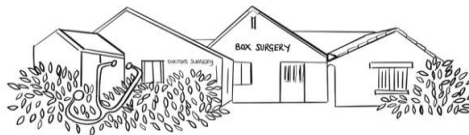
Please speak to reception if you are unable to provide this.

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 countersignature
- 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.



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For office use only:

Identification verification must be verified through two forms of ID

- One must contain a photo (e.g., passport or photo driving licence) and bank statement/utility bill etc
- When this is not available, vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

Request received		Request refused	
Reviewed by HCP		Request completed	
Comments			
Identification of	<input type="checkbox"/> Child (aged 13-17)	<input type="checkbox"/> Patient	<input type="checkbox"/> Applicant
Identity verified by		Date	
Identity method	<input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Photo ID or proof of residence – Type <input type="checkbox"/> Vouching – by whom <input type="checkbox"/> Vouching with information in record – by whom		
Proxy access authorised by			
Proxy access coded in notes	<input type="checkbox"/> Yes	NHS/EMIS No:	
Date account created		Date password sent	
Level of access enabled	<input type="checkbox"/> All	<input type="checkbox"/> Prospective	<input type="checkbox"/> Retrospective <input type="checkbox"/> Limited parts
Notes for proxy access <i>(If any request is refused, discuss with the organisation's DPO before informing patient/applicant)</i>			