Application for Proxy Access to a Child's GP Online Medical Records

Patient details

Surname	
First name	
Date of birth	
Age	
Address	

I wish to apply for proxy access to the online services for the above child:

Surname	
First name	
Date of birth	
Address	
Email	
Telephone	
Mobile	
Relationship to child	

Please tick level of access required

◦ Online appointments booking	☐
◦ Online prescription management	☐
◦ Full access to the medical record	☐

I understand my responsibility for safeguarding sensitive medical information and understand and agree with each of the following statements:

I have read and understood the information leaflet provided by the practice "What you need to know about your GP online records" and agree that I will treat the patient information as confidential	☐
I understand that on-line access will cease when the child reaches the age of 14	☐
I will be responsible for the security of the information that I/we see or download	☐

I will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our 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	☐

Signature of parent/guardian	Date

For practice use only:

Proof of identity of parent/guardian and copy obtained :	
Proof of address of parent/guardian and copy obtained :	
Parental responsibility verified and copy obtained:	
Name of staff member processing application :	
Level of record access enabled:	
For full access only: Records reviewed and redacted where appropriate:	
Date of On-line Access Granted:	