Grafton Road Surgery
Solihull Lodge, 11 Grafton Road, Shirley, Solihull, West Midlands, B90 1NG
0121 474 4686

Access to GP Online Medical Records – Proxy Access for Adults

I_____(name of patient), give permission to my GP practice to give the following person/people_____(name of requestor) proxy action to the online services indicated below.

Detailed Coded Record	
Full Medical Record	

I wish to give permission for access to my medical record online and both understand and agree with each of the following statements (tick):

I reserve the right to reverse any decision I make in granting proxy access at any time	
I understand the risk of allowing someone else to have access to my health records	
I have read and understood the information leaflet provided by the organisation	

Patient Signature		**Date**	

I/We wish to have access to the health records on behalf of the above named patient

Surname		**Surname**	
First Name		**First Name**	
Date of Birth		**Date of Birth**	
Address		**Address**	
Postcode		**Postcode**	
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	
I/We are acting *in loco parentis* and the patient is incapable of understanding the request	

I/We wish to access the online services of the above 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	
I/We will be responsible for the security of the information that I/we see or download	
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	
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	

I/We understand there may be something that I/we have forgotten about in the record that I/we might find upsetting	
If I/we think that I/we may come under pressure to give access to someone else unwillingly I/we will contact the practice as soon as possible	

I declare that the information given by 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.

Requestor Signature		**Date**	

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 a forms of photo identification, this can include a passport, photo driving licence or national identity card. We will not be able to set up access without this.

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 confirm 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.

Grafton Road Surgery
Solihull Lodge, 11 Grafton Road, Shirley, Solihull, West Midlands, B90 1NG
0121 474 4686

For Office Use Only

Identification verification must be verified through photo identification. Where 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 completed	
Request refused		Patient informed	
Comments			
Identity verified by		Date	
Identify method			
□ Photo ID – Type_____ □ Vouching – By Whom_____ □ Vouching with record – By Whom_____			
Proxy access authorised by			
Date account created		Date password sent	

Clinical assurance completed:	
Date:	

Scanned to record by:	
Date scanned:	
Read Code Xabui added:	