



Castle Donington Surgery

53 Borough Street, Castle Donington, Derby, DE74 2LB

01332 856050

castledoningtonsurgery@nhs.net

Application for Patient Online Access – PROXY ACCESS REQUEST FOR CHILDREN

Parent / Guardian details

First name(s):	Date of Birth:
Surname:	
Address:	Postcode:
Email address:	
Home telephone number:	Mobile number:

Details of Children

Children will need to be registered under the same address as the parent

Access to some services may be removed or not granted due to age of the patient. Please see leaflet for more information.

First name(s)	Surname	Date of Birth	Access requesting			
			Appointments	Medication	Record Summary	Access to Records

I understand and agree with each statement (please tick):

1. I understand that requests to access medical records may take up to 28 days to be completed	<input type="checkbox"/>
2. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
3. I will be responsible for the security of the information that I see, print or download	<input type="checkbox"/>
4. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
5. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
7. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	<input type="checkbox"/>

Patient Signature:	Date:
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PROXY ACCESS REQUEST

!!FOR PRACTICE USE ONLY!!

Patient NHS number:	Patient identification verified by (Print Name):
Date:	Method: Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Authorised by:	Date:
Date account created:	
Date passphrase sent to patient:	
Level of record access enabled: Appointment <input type="checkbox"/> Prescriptions <input type="checkbox"/> Access to records or summary care records not recommended for PROXY access Summary Care Records <input type="checkbox"/> Detailed coded records <input type="checkbox"/> Full PROSPECTIVE records <input type="checkbox"/> Other – See notes <input type="checkbox"/>	Notes / explanation:
Clinically Assured by: (if needed)	Date:
Reason for refusal if record access is refused after clinical assurance:	