

Castle Donington Surgery

53 Borough Street, Castle Donington, Derby, DE74 2LB
01332 856050

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.

			Access requesting			
First name(s)	Surname	Date of Birth	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**	☐
2.	I have read and understood the information leaflet provided by the practice	☐
3.	I will be responsible for the security of the information that I see, print or download	☐
4.	If I choose to share my information with anyone else, this is at my own risk	☐
5.	If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	☐
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	☐
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	☐

Patient Signature:	**Date:**



Castle Donington Surgery

53 Borough Street, Castle Donington, Derby, DE74 2LB
01332 856050

PROXY ACCESS REQUEST

!!FOR PRACTICE USE ONLY!!

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