

## Proxy Application for parental access to the Detailed Coded Medical Record of a child.

**Note:** This form is specifically for applications from the parent/guardian of a child aged 0-10 years. From the age of 11, online access to the patient's record will be **switched off** and neither the parent nor the child will have access. A young person can apply in their own right to access their medical record following their sixteenth birthday. The parent/guardian applying for access will be required to prove their own identity as well as the child's, and to provide proof of parental rights.

### Child's details (this should be completed by the parent/guardian on behalf of the child)

Surname	First name
Date of birth	
Address	

### Parent/guardian's details

Surname	First name
Date of birth	
Address	
Are you registered at the practice?	Y/N

*I wish to have access to the following online services for my child's record (please tick all that apply):*

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to my child's Detailed Coded Medical Record	<input type="checkbox"/>

*I wish to access my child's medical record online and understand and agree with each statement (please tick – you must agree to all):*

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
5. 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"/>
6. I understand that the practice has the right to refuse access to my online record, should access not be considered in my best interests (see leaflet).	<input type="checkbox"/>
7. I understand that the practice has the right to remove online access to services from anyone who does not use them responsibly.	<input type="checkbox"/>

<b>Signature</b>	<b>Date</b>
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### For practice use only

Identity verified and password created by	Date	Photo ID and proof of residence <input type="checkbox"/>
		Vouching <input type="checkbox"/>