

<i>Practice Use Only:</i> Checklist – Circle as applicable and initial	
Patient details complete and legible (including telephone number)	Yes / No
Full Access to notes required	Yes / No If yes have you seen 2 forms of ID? Yes
Initial and Date	



ONLINE ACCESS REQUEST FOR MEDICAL RECORD INFORMATION

Patient's Details:

Name:
Date of Birth:
Address:
Mobile Telephone:
Email Address:

Kingswood Health Centre will be giving patient's the option to access detailed medical record information using a 'Patient Access' account.

- In order to have this access, please complete the slip overleaf of this page and return to Reception along with the relevant Identification (see below). If you previously supplied this identification for your Patient Access account, you will need to provide it again for this enhanced service.
- Your completed form will be processed by our Administration Team within 28 days.
- Please note that in some circumstances your GP may feel it appropriate to restrict or exclude access to information concerning third party information and sensitive information (sexual / reproductive health, child / adult safeguarding, domestic violence, some mental health issues and criminal activity).
- When accessing information via a Patient Access account, please be vigilant of confidentiality, as Kingswood Health Centre has no liability for data protection breaches caused by you accessing this information external to the health centre.

Proxy Access for children

Please note it is policy to allow parents/guardians access to the full medical record of children until the age of 11. A request from the patient who is aged between 11 and 16 years of age and are deemed to be Gillick competent will be considered for online access.

Proxy Access for Looked after Children (LAC) under 11years of age

When requesting proxy access, the person with parental responsibility is to provide identification to confirm they have responsibility. This will include:

- Full name of carer
- Full name of social worker
- Contact details of social worker
- Summary of other agencies involved with the child

LAC over 11years of age

The child should complete this form and detail the level of access required. ID will again be requested from the proxy as above

LAC over 11years of age but not able to consent

After all of the above requirements for identification has been provided Kingswood Health Centre will gain confirmation that the person requesting proxy access is the right person to act on the child behalf as a proxy

Proxy Carer's/Patients unable to consent

If you wish to access the medical record of someone you care for, it will be necessary for both you and the person you care for to sign this form. Where you wish access to a patient's medical record who are personally unable to consent, requests will initially be authorised via the patient's GP and may involve seeking consent from the patient's next of kin.

ID required

For access to a child's record under 11 – birth certificate of child & photographic ID of parent/guardian.

For access to your own record – two forms of identification, one of which must be photographic

For access to someone you care for – photographic ID for you and person you care for

For access to a looked after child (LAC) - Full name of carer, full name of social worker, contact details of social worker, summary of other agencies involved with the child

Signed agreements

Signing below indicates agreement to abide by The General Data Protection Regulation for access to online information. Patients, or representatives acting on behalf of a patient, should be comfortable with the level of personal confidentiality in place before agreeing and signing this request.

Patient (*applying for access, or applying on behalf of a child under the age of 11*)

Signed:

Name: Date:

Relationship to child (if applicable):

To complete ONLY if a Proxy Carer or requesting on behalf of a Patient

I give consent for the person named above to use online access to: (*tick any/all that apply*)

Request my repeat medication view my medical record & access results of tests

Signed:

Name: Date:

Practice Use Only:

Online Access Request scanned to patient record

Patient Access Preferences amended

Coding completed

Confirmation to patient or proxy sent (if authority given)

ID seen and confirmed

Update medical record

Update Proxy services within EMIS