|  |
| --- |
| *Practice Use Only:* **Checklist – Circle as applicable and initial** |
| **Patient details complete and legible (including telephone number & Email)** | **Yes / NO** |
| Access from date of signing the form **OR** Full Access from date of registration ***(can take up to 6 weeks for notes to be reviewed)*** |
| **Have you seen 2 forms of ID?**  | **Note ID seen:** |
| **Initial and Date** |  |

****

**ONLINE ACCESS REQUEST FOR**

**MEDICAL RECORD INFORMATION**

**Patient’s Details:**

|  |
| --- |
| Name:        |
| Date of Birth:        |
| Address:       |
| Home and/or 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 patients under 16 years**

Please note it is policy to allow parents/guardians access to allergies and repeat medication only for patients under 16 years.

**Proxy Access for Looked after Children (LAC) under 16 years 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

**Young people under 16 years requesting access to their own record.**

The patient should complete this form and detail the level of access required. ID will be requested from the patient. Requests will need to be authorised via the patient’s GP and may require an appointment or contact from a clinician.

**Young people over 16 years of age**

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

**LAC over 16 years 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 16 –** 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.

**To be signed by the patient:**

Signed: …………………………………………………….……..

Name: …………………………………………………………… Date: ……………………..……

Relationship to child (if applicable): ……………………………………………………………….

**To completed and signed by the Proxy users requesting on behalf of a Patient - (patient still needs to sign the form above)**

* Proxy users name: ………………………….…………………………………………
* Proxy users address: ………………………….…………………………………………
* Proxy users contact number: ………………………….…………………………………………
* Proxy users date of birth: ………………………….…………………………………………
* Proxy users email: ………………………….…………………………………………

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 by patient**: …………………………………………………….…………………………………………

Name: …………………………………………………………… Date: ………………………………....……

**Signed by Proxy user**: …………………………………………………….…………………………………

Name: …………………………………………………………… Date: …………………………….……

*Practice Use Only:*

Update medical record [ ]  Coding completed [ ]

Patient Access amended [ ]  Update Proxy services within EMIS [ ]

Confirmation to patient or proxy sent (if authority given) [ ]