
# Castle Donington Surgery

53 Borough Street, Castle Donington, Derby, DE74 2LB
01332 856050
castledoningtonsurgery@nhs.net


## Application for Patient Online Access – PROXY ACCESS REQUEST

### Patient details – who is granting access

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

### Carer / others details – who is being given access

| | |
|---|---|
| First name(s): | Date of Birth: |
| Surname: | |
| Address: (If different from patient) | Postcode: |
| Email address: | |
| Home telephone number: | Mobile number: |
| **RELATIONSHIP TO PATIENT:** | |

### I wish to give the following online services / access to the person named above

| | |
|---|---|
| Appointment booking | ☐ |
| Prescription requesting | ☐ |
| !!Password reset only!! | ☐ |
| Access to medical records – **NOT RECOMMENDED FOR PROXY ACCESS** | |
| 1. Your "Summary Care Record" | ☐ |
| 2. Detailed Coded Records (coded data entered from April 2015 onwards) | ☐ |
| 3. Full access to medical records (entries made from this day forward) | ☐ |

**FULL RETROSPECTIVE ACCESS TO YOUR MEDICAL RECORD IS CURRENTLY NOT AVAILABLE AT THIS PRACTICE**

### 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
castledoningtonsurgery@nhs.net


## PROXY ACCESS REQUEST

## !!FOR PRACTICE USE ONLY!!

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