Central Surgery

V1- 19.04.23 MM next review due 19.04.25

PATIENT CONSENT FORM FOR PROXY RECORD ACCESS

PATIENT'S DETAILS

First Names: ……

Surname: ……

Date of Birth: …… NHS number……

I give consent for ……who is my

…… (relationship to patient) to be given access to the following services on my behalf.

Please tick the services you would like your proxy to have access to below

Booking appointments	☐
Requesting repeat medication	☐
Online access to my medical record	☐
Discussing my medical history, care plans, results and any other medical information required	☐

Patient declaration

I understand that I can reverse this proxy request at any time by contacting the surgery in writing.
I understand and accept the risks of allowing someone else to have open access to my confidential medical records.
I understand this proxy request once granted will remain in place until revoked by me in writing.

Signature of Patient: ……

Date: ……

Proxy declaration

I wish to have access to the medical record of the patient named above.
I understand it is my responsibility to safeguard the medical information I have access to and that I will at all times maintain the confidentiality and security of the information.

Signature of Proxy: ……..

Date: ……..

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If the patient is under 16 then please confirm you have parental responsibility or legal guardianship of the child

I……. confirm that I have parental responsibility or legal guardianship of

…… [name of child]

Signature of person with parental responsibility/legal guardianship ……

Contact details for named proxy (if not the same as patient):

……

……..

……

Please note for safeguarding purposes photo ID from **both parties** will need to be brought into the surgery along with this form. A photocopy will be taken and stored in the patients record along with this consent form, these documents will be kept for as long as the patient consent remains valid. Please bring original documents as photocopies cannot be accepted.

Photo ID received from the named proxy above:

Passport ☐

Driving Licence ☐

ID checked by:……..[please print name]

Date:……