Birtley Medical Group

T43 Application to allow proxy access to a patient's online medical information

PATIENT DETAILS

Surname:		Date of birth:	
First name:			
Address:			
Email address:			
Telephone number:		Patient Mobile Number:	
I am the Patient (Circle as appropriate)	YES/NO	Relationship to proxy?	
I have provided proof of my Identity. (Two documents, one of which MUST show current address & one form of photographic I.D. a non-exhaustive list is shown on page 2 bills are not suitable forms of I.D unless they are utility bills issued in the last 3 months)		Are you currently registered for Patient Access? YES/NO Are you currently a registered patient at Birtley Medical Group YES/NO	

PROXY USER DETAILS

Surname:		Date of birth:	
First name:			
Address:			
Email address:			
Telephone number:		Mobile Number:	
I agree to act as a proxy for the patient named above for online services.	YES/NO		
I have provided proof of my Identity. (Two documents, one of which MUST show current address & one form of photographic I.D. a non-exhaustive list is shown on page 2 bills are not suitable forms of I.D unless they are utility bills issued in the last 3 months)		Are you currently registered for Patient Access? YES/NO Are you currently a registered patient at Birtley Medical Group YES/NO	

I the patient freely agree for the named proxy user to have access to my medical information and services available within the Patient Access or similar digital service, as outlined below.

PATIENT TO COMPLETE

Appointments Access (Booking/cancellation).	☐
Repeat prescriptions Access (Requesting/history).	☐
Demographics	☐
Core Summary Care Record Access (Allergies & Medications).	☐

Detailed Coded Record Access (Allergies, medications, laboratory results, documents, Immunisations & problems).	☐
Laboratory test results	☐
Documents	☐
Immunisations	☐
Problems	☐
Consultations	☐
Record Sharing (Record sharing allows online users to share care records with other individuals through their online service provider. Record access must be configured before record sharing can be enabled.	☐

Please note that if you are a newly registered patient at the practice, and have requested "Detailed Coded Record Access" access, this may be delayed by up to 6 months in order for us to receive your medical records from your previous surgery, however "Core" access will be granted in the meantime.

I authorize the named proxy user to have access to my medical record etc. via online services, I understand and agree with each of the following statements. (tick).

1. I will be responsible for the security of the information that I see or download.	☐
2. If I choose to share my information with anyone else, this is at my own risk.	☐
3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible.	☐
4. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible. And keep all such information confidential.	☐
5. 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.	☐

Signature:	Date:

For practice use only.

Patient NHS number:		Practice computer I.D. number:	
Identity verified by: (Initials)	*Date:*	*Method* (Suitable forms of I.D. as set out in "Application for Access to Medical Records")	
Authorised by:			Date:
Date proxy access enabled:			

Level of record access enabled ALL(Available at Date).		Notes /explanation (Insert I.D. number from Passport, Driving license etc.)
Prospective.	☐	
Retrospective.	☐	
Detailed coded record.	☐	
Limited parts.	☐	

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Examples of Proof of Address

Please provide *two documents* from the following list, one of which **must** show the current address of the patient & one form of **photographic** identification for the patient requesting access to their medical record:

- Current driving license – old-style paper version.
- Mortgage statement – issued in the last 12 months.
- UK Bank or building society statement or credit card statement issued in the last 3 months.
- UK Bank or building society account opening confirmation letter issued in the last 12 months.
- UK Financial statement, e.g. pension or endowment issued in the last 12 months.
- Birth certificate.
- P45 or P60 statement issued in the last 12 months.
- Council Tax statement Issued in last 12 months.
- Utility bill (not mobile phone bill) issued in the last 3 months (Gas, Electricity etc.).
- Benefit statement, e.g. Child Benefit, Pension issued in the last 3 months.
- Central or local government, government agency, or local council document giving entitlement, e.g. from the Department for Work and Pensions, the Employment Service, HMRC issued in the last 3 months.

PHOTO I.D.

- Passport.
- Driving License (Photo card type).
- EEA/EU Government Issued Identity Card.
- UK Biometric Residence Permit.
- NHS Staff Card Containing a biometric.
- Armed Forces I.D. Card.

VOUCHING

- Staff &/or G.P. vouching.

Please note:

Patients must have their own individual e mail address to use this service, children over 11 years old who are not considered as "Gillick competent" may need further assessment by a doctor. Proxy access may be given regardless of whether the patient has an online account.