ONLINE ACCESS TO RECORDS REQUEST

In accordance with the UK General Data Protection Regulation (UK GDPR)

Guidance notes – please read before completing this form:

Patients with online accounts, such as through the NHS App, should be able to read new (prospective) entries in their health record. This form applies to past (retrospective) record entries and historic data.

For proxy access, i.e., access by a third-party could be established for convenience, or for when a patient lacks capacity. In all instances the best interest of the patient must be confirmed, and appropriate forms of identity confirmed. A proxy agreement could either be an informal arrangement, or more formal via a lasting power of attorney (LPA).

Should proxy access for a child aged between 11-13 have been granted, then this should be reviewed. When a child reaches aged 13, then this should be seen as the point to review the relevance of any ongoing proxy access

It should be noted that whilst there is legally no cut off when a child may be considered to have 'sufficient understanding and intelligence to enable him/her to understand fully what is proposed' (known as Gillick Competence), it is good practice to implement standard review dates in line with a young person's evolving maturity and ability to consent to proxy access

Even if a child aged 13 or over may be competent to give consent for him/herself, they may still wish a parent to countersign.

For further guidance, refer to Section 7.2 of NHS England guidance titled DAPB3051: Proxy.

- Patients requiring access to their own record (Sections 1, 2 and 7)
- Proxy access to health records where patient has capacity (Sections 1, 3, 5, 6 and 7)
- Proxy access to health records where patient does not have capacity (Sections 1, 4, 5, 6 and 7)
- Parents requiring access to their child's (age 13-17) record (Sections 1, 3, 5, 6 and 7)

Section 1: Patient details

Surname		**Former name**	
Forename		**Title**	
Date of birth		**NHS number**	
Address:			
Telephone No			

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Section 2: Record requested

I wish to have access to the following retrospective online services (please tick all that apply):

Booking appointments	○
Requesting repeat prescriptions	○
Access to my medical records	○

I wish to access my medical record online and both understand and agree with each of the following statements (tick):

I have read and understood the information leaflet provided by the organisation	○
I understand that I will automatically see any new information (prospective records) that is added to my healthcare record.	○
I will be responsible for the security of the information that I see or download	○
If I choose to share my information with anyone else, this is at my own risk	○
I will contact the organisation as soon as possible if I suspect that my account has been accessed by someone without my agreement	○
If I see information in my record that is not about me or is inaccurate, I will contact the organisation as soon as possible	○

Patient signature:		**Date:**	

Section 3: Consent to proxy access to GP Online Services (if patient has capacity)

- I…… (name of patient), give permission to my GP practice to give the following person/people …… proxy access to the online services as indicated below in Section 5
- I reserve the right to reverse any decision I make in granting proxy access at any time
- I understand the risks of allowing someone else to have access to my health records
- I have read and understand the information leaflet provided by the organisation

Patient signature:		**Date:**	

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I/We wish to have access to the health records on **behalf of** the above-named patient. If more persons are being given access, then continue on a separate sheet of paper.

Surname		**Surname**	
First name		**First name**	
Title		**Title**	
Date of birth		**Date of birth**	
Address		**Address**	
Email		**Email**	
Telephone		**Telephone**	

Reason for access:

I have been asked to act by the patient	○
I have full parental responsibility for the patient, and the patient is under the age of 18 and has consented to my making this request or is incapable of understanding the request (delete as appropriate)	○

Section 4: Consent to proxy access to GP Online Services (if patient does not have capacity)

I/We wish to have access to the health records on **behalf of** the above-named patient. If more persons are being given access, then continue on a separate sheet of paper.

Surname		**Surname**	
First name		**First name**	
Title		**Title**	
Date of birth		**Date of birth**	
Address		**Address**	
Email		**Email**	
Telephone		**Telephone**	

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Reason for access:

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	□
I am/We are acting *in loco parentis,* and the patient is incapable of understanding the request	□
I am/We are the deceased person's personal representative and attach confirmation of my/our appointment (grant of probate/letters of administration)	□
I/We have written and witnessed consent from the deceased person's personal representative and attach Proof of Appointment	□
I/We have a claim arising from the person's death (please state details below)	□

Section 5: Proxy access online services available

I/We wish to have access to the following online services (please tick all that apply):

Booking appointments	○
Requesting repeat prescriptions	○
Access to my medical records	○

Section 6: Proxy declaration

I/We wish to access to the medical record online of the above patient and I/we understand and agree with each statement (tick)**:**

I/We have read and understood the information provided by NHS England in their webpage titled Accessing GP services for someone else, with proxy access. I/we agree that I/we will treat the patient information as confidential	□
I/We will be responsible for the security of the information that I/we see or download	□
I/We will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	□
If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the organisation as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential	□

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the Data Protection Act 2018.

You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.

Applicant signature:		**Date:**	

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Section 7: Proof of identity

Under the Data Protection Act 2018, you do not have to give a reason for applying for access to your own health records. However, all applicants will be asked to provide two forms of identification, one of which must be photographic identification before access can be set up.

Please speak to reception if you are unable to provide this. Additionally, identity can be granted by following the NHS England guidance titled How to prove who you are without photo ID.

ADDITIONAL NOTES:

Before returning this form, please ensure that you have:

- Signed and dated the form
- Are able to provide proof of your identity or alternatively confirmed your identity by a countersignature
- Enclosed documentation to support your request (if applicable)

Incomplete applications will be returned; therefore, please ensure you have the correct documentation before returning the form.

For office use only:

Identification verification must be verified through two forms of ID

- One must contain a photo (e.g., passport or photo driving licence) and bank statement
- When this is not available, confirmation of proof (see link at Section 7 – Proof of identity), or vouching by a member of staff or by confirmation of information in the records by one of the management team or a partner may be used

For further information, refer to the NHS England guidance detailed within the verification section at Annex A.

Request received		Request refused	
Reviewed by HCP		Request completed	
Comments			
Identification of	○ Child (aged 13-17)	○ Patient	○ Applicant
Identity verified by		Date	
Identity method	○ Photo ID or proof of residence – Type …….. ○ Photo ID or proof of residence – Type …….. ○ Vouching – by whom …… ○ Vouching with information in record – by whom ……		

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Proxy access authorised by				
Proxy access coded in notes	○ Yes	NHS/EMIS No:		
Date account created		Date password sent		
Level of access enabled	□ All	□ Prospective	□ Retrospective	□ Limited parts
Notes for proxy access *(If any request is refused, discuss with the organisation's DPO before informing patient/applicant)*				