# *Updated: Sep 2018*

**SQUIRES LANE MEDICAL PRACTICE**

**Dr E Barthes-Wilson & Dr G Thawani**

**Online Access Request for children who are under than 13 years old**

**Childs details**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

**Parents/carer or proxy details**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

**PLEASE NOTE:**

ONLINE ACCESS WILL BE GIVEN TO CHILD’S PARENT/GUARDIAN NAMED ABOVE.

AT THE AGE OF 13 YEARS, THE PATIENT IS ENTITLED TO HAVE SOLE ACCESS TO THEIR MEDICAL RECORDS, **THEREFORE WHEN THE CHILD TURNS 13 YEARS OLD, THE ACCESS FOR PARENT/GUARDIAN WILL AUTOMATICALLY CEASE AND THE PATIENT (CHILD) WILL NEED TO RE-REGISTER FOR ONLINE ACCESS.**

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

|  |  |
| --- | --- |
| 1. Booking appointments | 🗆 |
| 2. Requesting repeat prescriptions | 🗆 |
| 3. Accessing my detailed coded records; medications and allergies | 🗆 |

I wish to access my medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | 🗆 |
| 2. I will be responsible for the security of the information that I see or download | 🗆 |
| 3. If I choose to share my information with anyone else, this is at my own risk | 🗆 |
| 4. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🗆 |
| 5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible | 🗆 |
|  |  |

**Signature of parent/guardian: Date:**

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***FOR PRACTICE USE ONLY***

|  |  |  |  |
| --- | --- | --- | --- |
| Patient NHS number | | Practice computer ID number | |
| Identity verified by (initials) | Date | Method: Vouching with information in record 🗆  Photo ID and proof of residence🗆  (delete as appropriate) | |
| Authorised by | | | Date |
| Date account created | | | |