

The Gold Street Surgery

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Consent to proxy access to GP online services/ medical records

In general, access to medical records is strictly controlled because of the sensitive information they contain. A married couple, for example, are not automatically entitled to access each other's records (or to have information about appointments, tests or treatments) without specific consent. Gold Street Surgery will not normally grant access to information about a patient to someone unless it is clinically necessary (to assist another clinician in treating someone, for example) or in their best interests for their long-term health and welfare. Because of its potential for abuse, access to computer information is particularly strictly controlled.

Clearly, however, there are circumstances where it is desirable for someone to have "proxy access" to medical information or to be able to order repeat medication or make appointments on someone's behalf. Improvements to the surgery's clinical computer system mean that it's now possible (with consent) to give online proxy access to someone to book appointments online, to order medication online, or to view the detailed coded medical record. For example, this allows staff in a care home to order medication for a person in their care, or to use the online system to book an appointment.

Children are a special case. General Medical Council advice is that young people "with capacity" have the legal right to access their own health records and can allow or prevent access by others, including their parents. In Scotland, for example, anyone aged 12 or over is legally presumed to have such capacity. A child might of course achieve capacity earlier or later and in England, a specific age isn't defined. In any event children should usually be able to access their own health records if they wish but they should not be given access to information that would cause them serious harm or to any information about another person without the other person's consent. Gold Street Surgery's clinical computer system automatically restricts proxy access to a patient's records when they reach 11. A reminder email will be sent to the proxy three months before the 11th birthday. After reaching age 11, parents may have access to their child's medical records **if the child or young person consents, or in the opinion of a GP, lacks capacity**, and it does not go against the child's best interests. A similar process is triggered at age 16 and proxy access will automatically end, unless specifically agreed by the patient. If the records contain information given by the child or young person **in confidence**, the information will not normally be disclosed without their consent, irrespective of age.

Divorce or separation does not normally affect parental responsibility and both parents should be allowed reasonable access to their children's health records subject to the above.

Note: If an adult patient doesn't have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest, the form may be signed by the patient's GP.

The patient (The person whose online records are to be accessed)

Surname	Date of birth
First name (s)	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I,..... (name of patient), give permission to Gold Street Surgery to give (name[s]) proxy access to online services as indicated below.

Booking appointments	•
Requesting repeat prescriptions	•
Access to parts of my medical record as currently available	•

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 provided by the practice

Signature of patient (or GP)	Date
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To be completed by the person being given proxy access

The representative

The representative must produce their proof of photo ID and if registering on behalf of a child must produce their child's birth certificate or red child health book.

Surname
First name
Date of birth
Address
Postcode
Email
Telephone
Mobile

I..... (name of representative) wish to have online access to the services ticked above for (name of patient)..... I understand and agree with each of the following statements (please tick each to agree):

I have read and understood the information provided by the practice and agree that I will treat all patient information as strictly confidential	•
I will be responsible for the security of the information that I see or download	•
I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without the agreement of the patient	•
If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	•
Signature of representative	Date

Practice use only

Identity verified by (initials)	Date	Photo ID and proof of residence • Vouching with non-photo ID • Vouching with information in record •
Proxy access authorised by (initials)	Date	