

Montgomery-House Surgery

Consent to use Patient Access online & Proxy Access

This form goes through the main issues you need to understand before you can access your medical record over the internet. It will raise questions that you may not have considered to help you to decide whether or not to access your record in this way.

Please answer all the questions, deleting the answer that does not apply as appropriate. Thank you

| | | | |
|-----|---|------------|-----------|
| 1. | Patient Full Name | | |
| 2. | Patient Date of Birth | | |
| 3. | Patient Email address | | |
| 4. | Patient Mobile Number | | |
| 5. | Patient Home Telephone Number | | |
| 6. | Are you requesting access for a child under 14 years old (Proxy Access) | YES | NO |
| 7. | Have you registered for using Patient Access for repeat prescriptions, booking appointments etc already? (If NO, we will need to see a form of photo ID) | YES | NO |
| 8. | The system allows you to see a summary of your medical record: active problems, allergies & medications. Do you agree that you should be able to see this information? | YES | NO |
| 9. | You will need a pin/email address, password and pass phrase to access your records. You should not share this security information. Do you agree not to share this information? | YES | NO |
| 10. | Sometimes information may be recorded that is incorrect or there may be information that you think is missing. Would you inform the Practice so that your records can be corrected? | YES | NO |
| 11. | Only Practice staff can change records and there will be a record to show who has changed it and when it was changed. This protects you and the staff. Do you agree that this will safeguard your medical record? | YES | NO |
| 12. | You can fall ill at any moment and this solution allows you to share your medical record with others with an internet connection e.g. in hospital. Do you agree that you might want to do this? | YES | NO |

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|-----|--|-----|----|
| 13. | <p>If applicable, Some young people over 14 years and under 16 years living at home with you may decide that they do not want parents, Guardians or carers to have access to their medical record.</p> <p>Do you agree that the young person after discussion with, and the agreement of their doctor, should be able to have their own access to their records?</p> | YES | NO |
|-----|--|-----|----|

Proxy Access Details

A proxy is someone you nominate to have access to your medical records on your behalf.

****The Proxy must have a Patient Online Access Account already set up to gain proxy access. Please ensure this has been done when completing this form.**

| | |
|---------------------|--|
| Name of Proxy | |
| Date of Birth | |
| Email address | |
| Address | |
| Mobile Number | |
| Relation to Patient | |

| | | |
|--|-----|----|
| This person acts as my carer, and should therefore be noted as such on my medical notes. | YES | NO |
| I consent to this person to have online access to my medical information through <i>Patient Access</i> , (appointment booking, repeat prescriptions) | YES | NO |
| I consent to this person to have extended online access to my medical information through <i>Patient Access</i> , (test results and medical records) | YES | NO |

Signature

I consent to Montgomery-House Surgery giving me access to my medical records via Patient Access Electronic Records Viewer and, if applicable, I authorise the above named person to have Proxy access to my medical records.

Patient Signature: **Date:**

If signing on behalf of a child (under14)

Please state relationship: