

# 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? <b>(If NO, we will need to see a form of photo ID)</b>	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

13.	<p><b>If applicable</b>, Some young people <b>over 14 years and under 16 years</b> 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>	<b>YES</b>	<b>NO</b>
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## Proxy Access Details

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

Name of Proxy	
Address	
Mobile Number	
Home Telephone Number	
Relation to Patient	

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

**Please post or hand the completed form back to:  
Montgomery-House Surgery, Piggy Lane, Bicester, OX26 6HT**