**The Lakes Medical Practice**

**Bridge Lane, Penrith, CA11 8HW**

**Third Party Online Access – For patient aged 0-11**

Application must be returned **IN PERSON** to the practice with **ID** AND **legal proof of parental responsibility.** The GP holds the final decision over access to online records. Access will switch off once the child reaches the age of 11.

**It can take up to 28 working days, (longer during busier periods, or where additional checks need to be carried out) to assess online/app access applications.**

**Section 1 – To be completed by third party representative**

**I,**……………………………………………………………….. (Name of representative)**Date of Birth**……………….

**Address**…………………………………………………………………………………………**Postcode**……………………..

**E-mail to be used for online account:**…………………………………………..(Print clearly)

**Things to consider before you apply for online access:**

• **Forgotten history** – there may be somethings you have forgotten or were not aware of in your record that you may find upsetting.

• **Abnormal results** – if your GP has given you access to test results you may see

something that you find upsetting. This may occur before you have spoken to you

doctor or while the surgery is closed.

• **Choosing to share your information** – It is up to you whether you share your

information with others- it is your responsibility to keep your information safe and

secure.

• **Misunderstood information** – your medical record is designed to be used by clinical

professionals to ensure you receive the best possible care. Some information within

your medical record may be highly technical, written by Consultants and not easily

understood.

• **If you spot something about someone else** - in your medical record that is not about

you, please contact the surgery as soon as possible.

• **Children – up to the age of 11** a Childs medical record can be accessed online by a

parent or guardian. On the 11th birthday access will be shut down. A young person aged 11to 16 will need to request online services by completing this form.

**Section 2**

**I wish to access my medical record online, understand the following and agree with each statement – You must INITIAL each box to confirm:**

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I see
 |  |
| 1. If I choose to share my information or access to my online account with anyone, this is at my own risk
 |  |
| 1. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement or I wish to remove my online access
 |  |
| 1. I understand and have read THINGS TO CONSIDER provided by the practice
 |  |
| 1. I understand the practice is only responsible for entries made since I registered with **The Lakes Medical Practice**
 |  |

**Section 3**

**I am requesting access to my child’s………………………………………………….(Name) …………………(Date of birth)………………………………………….……………….. (Address) online medical records and have read the information provided above and confirm I hold legal parental responsibility.**

|  |  |
| --- | --- |
| **Signature**………………………………**of third party** | **Date**………………………. |

**FOR PRACTICE USE ONLY:**

|  |  |  |
| --- | --- | --- |
| **Patient EMIS number:** | **Identity verified by & Date:** | **Vouching/Photo ID:** |
|  |  |  |
| **Approved by GP (Name):** | **Access denied/Reason:** | **Date:** |
|  |  |  |
| **Date access set up & by:** | **Date patient informed:** | **Scanned to record by:** |
|  |  |  |