

Woodville Surgery



ACCESS TO RECORDS

Child Aged 0-11 Years - Request for Proxy Access

Child's Details

(The patient whose records are being accessed)

Full name	
Address	
Post Code	
Date of Birth	
Telephone Number	
NHS Number if known	

Parent/Guardian Requesting Access

(The person requesting access to the child's records)

Full name	
Address	

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Post Code	
Date of Birth	
Telephone Number	
Relationship to child	

Access Level Requested

Please tick the level of access required:

☐ **Level 1 - Basic Access**

The authorised person may:

- Book, check and amend appointments
- Check prescription information and request repeat medication where appropriate
- Check whether test results have been received (but not the actual result)

This level does not allow access to detailed medical records or confidential clinical information.

☐ **Level 2 - Enhanced Access**

The authorised person may:

- Speak to the surgery on the child's behalf

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- Liaise directly with the practice when necessary
- Access the child's online medical record and associated information as approved by the practice

Declaration

I confirm that:

- I have parental responsibility for the child named on this form.
- The information provided is correct to the best of my knowledge.
- I understand that proxy access may be amended, restricted or removed by the practice where appropriate.
- I understand that when a child reaches the age of 11, their proxy access arrangements will be reviewed.

Parent/Guardian Signature

Signature	
Date	

Surgery Use Only

Date Form Received: _____