

Woodville Surgery



ACCESS TO RECORDS

Child Aged 11-16 Years - Request for Proxy Access

Child's Details

(The patient whose records are being accessed)

Section 1: Details of the patient

Full name	
Address	
Post Code	
Date of Birth	
Telephone Number	

Parent/Guardian Requesting Access

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

Full name	
Address	
Post Code	
Date of Birth	
Telephone Number	

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Access Level Requested

Please tick the level of access being requested:

☐ **Level 1 - Basic Access**

The authorised person may:

- Book, check and amend appointments
- Check whether a prescription is ready and what has been prescribed
- Check whether a test result has been received (but not the actual result)

This level does not allow access to information about medical conditions, consultations, test results or clinical records.

☐ **Level 2 - Enhanced Access**

The authorised person may:

- Speak to the surgery on the child's behalf
 - Liaise directly with the practice when necessary
 - Access medical information as agreed following assessment by the practice
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Declaration

I understand that:

- Submission of this form does not automatically grant proxy access.
- **A face-to-face appointment with Tracey Kirk (Medical Secretary) is required.**
- **Both the child and parent/guardian must attend the appointment.**
- The child's views, understanding and consent will be considered before any access is granted.
- The practice may limit or decline access where it is not appropriate to provide it.

Parent/Guardian Signature

Signature	
Date	

Child Signature

Signature	
Date	

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Surgery Use Only

Date Form Received: _____

Appointment with Tracey Kirk Booked: ☐ Yes ☐ No

Date of Appointment: _____