



Patient Record Access Agreement

Name:	Date of Birth:
Address:	NHS Number:
	Mobile number:
	Email address:

Access to detailed medical record (13 – 16 yrs.)

Before you start this questionnaire, please read the Proxy Policy available at <https://www.pathfields.co.uk>

Record Access Questions

1. I wish to access my medical record online and I agree that I have read and understood the information available

- Yes
- No

2. I wish to have access to my Detailed Medical record

- Yes
- No

3. I will be responsible for keeping any information I read, copy, download or print, safe and secure

- Yes
- No

4. I am completing this questionnaire for myself

- Yes
- No

Who is completing this form on your behalf? What is their full name, address and DOB? What is their relationship to you?

5. I am confident using my login and passwords to access Online Services

- Yes
- No

6. I agree that if I choose to share my information with anyone else, this is at my own risk

- Yes
- No

7. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement, or if I want to remove someone from my Online Services

- Yes
- No

8. I wish to grant a parent/guardian/carer Proxy Access to my Online Services

- Yes
- No

Name of person/s granted access and relationship to yourself _____

There may be an instance when accessing your medical record online, that you may read some information that could be unexpected or upsetting. Please be aware that anything urgent would be dealt with prior to going on your record. If this happens you should contact the practice when they are next open to discuss the issue with them.

If your circumstances change and you want any persons to be removed from your Online Services, it is your responsibility to inform your practice ASAP.

Please sign to say you understand the above agreement.

Your request for online access to your detailed medical record will then be considered and you will be informed when access has been agreed.

Patient name:

Patient signature:

Date: