



BRADFORD ON AVON & MELKSHAM HEALTH PARTNERSHIP
Consent To Access Medical Records

SECTION 1 – The Patient

(This is the person whose medical records are being accessed)

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

SECTION 2 – The Representatives

(These are the people seeking access to the patient's medical records, appointments or repeat prescription)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address <input type="checkbox"/>)
Postcode	Postcode
Relationship to Patient (i.e. Mother, Brother, Husband, Carer etc.)	Relationship to Patient (i.e. Mother, Brother, Husband, Carer etc.)
Email	Email
Telephone	Telephone
Mobile	Mobile

SECTION 3 – Patient Consent Statement

I give permission to my GP Practice to give the people named in section two access to the following information/services from my medical record as indicated below:



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Tick appropriate box/s:

Tick

test results	<input type="checkbox"/>
appointments	<input type="checkbox"/>
prescription requests	<input type="checkbox"/>
access to my medical record	<input type="checkbox"/>

1. I understand that the Doctor may override this authority at any time, and that this permission will remain in force until cancelled by me in writing.	<input type="checkbox"/>
2. I understand the risks of allowing someone else to have access to my health records.	<input type="checkbox"/>
3. I would like to enable proxy access to my GP online services to the named representatives in section two. I understand this will only include appointment bookings and prescription requests however, I am aware I can complete another form to enable access to my read coded medical record online.	<input type="checkbox"/>

Signature of patient	Date
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Note:

If the patient (whose medical records are being accessed) does not have the capacity to consent to the above statements, please provide copies of relevant paperwork to the Practice, for example lasting power of attorney (health & welfare).

Proxy access to a GP online account for those aged 11-15 will be reviewed annually by the Practice. Patients aged 16 or above are assumed to have the capacity to manage their own account unless there is an indication that they are not.

SECTION 5 – Representatives Statement

I/We wish to have access to the services ticked in the boxes above for the patient named in section one.

I/We understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/We have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential.	<input type="checkbox"/>
4. I/We will be responsible for the security of the information that I/we see or download.	<input type="checkbox"/>
5. I/We will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement.	<input type="checkbox"/>
6. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential.	<input type="checkbox"/>

Signature/s of representative/s	Date/s
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