

# WILLERBY AND SWANLAND SURGERY

## PROXY ACCESS REQUEST FORM FOR ONLINE ACCESS (this form is NOT to be used for personal access)

Please complete this in BLOCK capitals and bring to our Reception with the relevant documentation. If you are requesting access to a dependent child record (under 14yrs) we will normally process your access request straight away (this will be more likely if you are able to avoid our busiest times between 8.00-8.30 and 11.30-12.00)

If you are requesting proxy access to the records of an adult (age 14yrs and older) we will need to verify your request with the doctor – please allow at least 24 hours for this

<b>Your full Name</b>	
Your Date of Birth	
Your full Address	
Your home telephone	
Your mobile telephone	
Your email address	

### Details of whose record you want to have proxy access to :

<b>Patient full Name</b>	
<b>Patient Date of Birth</b>	

Please bring with you a form of photo ID and proof of address as listed below: **IF THE PATIENT is aged over 14yrs please** bring the photo identification documents for them as well as your own. The reception team will verify and note the document numbers

Document type	Self	Patient	Document type	Self	Patient
Photo drivers licence			Passport		
Bus pass / Rail card			Student ID card		
EU identity card			Other (please state)		

### Proof of address documents must be less than 3 months old.

Bank/Building Society statement		Gas or Electricity bill	
Mortgage statement		Phone bill (NOT mobile)	
Water bill		Council tax bill	
Benefit Agency letter		Rent agreement	

For an adult aged 14yrs or older – please state why you are requesting online access to their medical records :

I wish to apply for proxy online access for (Name of patient)

I understand that I will be responsible for the security of access and that the practice may withdraw this access in event that their security or use of this service is compromised – and/or that the person objects and/or that the person reaches the age of 14yrs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice use

Date received	
Documents verified by	
Duty doctor approved	
PIN/ID issued	
Scanned	