# Application for online access to my child’s medical record

Adults who have parental responsibility for a child can ask to have access to their child’s record if the child is aged under 13 years old. We will need to see evidence of parental responsibility with a copy of the birth certificate and photo ID. This access will stop on the child’s 13th birthday.

|  |  |
| --- | --- |
| Applicant’s Surname | Date of birth |
| First name | |
| Address      Postcode | |
| Email address | |
| Telephone number | Mobile number |

|  |  |
| --- | --- |
| Child’s Surname | Date of birth |
| First name | |
| Address (if different to above)      Postcode | |

## I wish to have access to the following online services (please tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing my child’s medical record | 🞏 |

I wish to access my child’s medical record online and understand and agree with each statement (tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share my child’s information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my child’s account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in my child’s record that is not about them or is inaccurate, I will contact the practice as soon as possible | 🞏 |

|  |  |
| --- | --- |
| Signature | Date |

### For practice use only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant NHS number: | | | | | |
| Patient NHS number: | | | | | |
| Identity and relationship verified by (initials): | Date: | Method  Vouching 🞏  Vouching with information in record 🞏  Photo ID and proof of residence 🞏 | | | |
| Authorised by: | | | | | Date: |
| Date account created: | | | Date password sent: | | |
| Access to Online Services Consented by Patient Read code added (Y429b): | | | | | |
| Level of record access enabled  Prospective 🞏  Retrospective 🞏  All 🞏  Limited parts 🞏  Contractual minimum 🞏 | | | | Notes / comments: | |