



# THURSBY SURGERY

Thursby Surgery Main Site | 2 Browhead Road | Burnley | BB10 3BF

Daneshouse Branch Surgery | Old Hall Street | Burnley | BB10 1LZ

Tel: 01282 911430

Email: thursbysurgery@nhs.net

## Patient and/or Proxy Online Access Application

<b>Patients Full Name</b>				<b>Date of Birth</b>	
<b>Address &amp; Postcode</b>					
<b>Home Tel</b>			<b>Mobile Tel</b>		
<b>Email Address</b>					
<b>Patient Signature</b>				<b>Date</b>	

			<b>Please Tick</b>
<b>I request access to the following online services:</b>			
<b>I would like my Proxy Representative named below to be given access to the following online services:</b>			
<b>Standard</b>	<b>Standard with immunisations and test results</b>	<b>Full - Detailed Coded Records Access (DCRA)</b>	
Appointments, Prescriptions, Summary Information, Allergies and Medications  <input type="checkbox"/>	Appointments, Prescriptions, Summary Information, Allergies, Medications, Immunisations and test results  <input type="checkbox"/>	Appointments, Prescriptions, Allergies, Medications, Test Results, Documents, Immunisations, Problems, Consultations.  <input type="checkbox"/>	

<b>Proxy Representative Details</b> <ul style="list-style-type: none"> <li>Photo ID is required for both patient and the proxy representative</li> <li>The patients consenting signature is required for all proxy access requests (if the patient lacks capacity the parent/carer/legal guardian should be prepared to explain why a signature cannot be obtained).</li> <li>Parents may request a proxy access to their childrens record but access will be removed when they reach the age of 10 years and 11 months and at this stage the account will be deactivated. They can then request online access when they turn 16 years old.</li> </ul>							
<b>Representatives Full Name</b>						<b>Date of Birth</b>	
<b>Relationship to patient</b>	<b>Parent</b>		<b>Carer</b>		<b>Legal Guardian</b>		<b>Other</b>
<b>Address &amp; Postcode</b>							
<b>Home Tel</b>				<b>Mobile Tel</b>			
<b>Email Address</b>							
<b>Representatives Signature</b>						<b>Date</b>	

- I have read and understood the information leaflet provided by the practice.
- I will be responsible for the security of the information that I see or download.
- I understand the risks of allowing someone else to have access to my health record
- If I choose to share my information with anyone else, this is at my own risk.
- I accept the practice retains the right to revoke online access if functionality is abused.
- I will contact the practice if I suspect that my account has been accessed by someone without my agreement or see information in my record that is not about me or is inaccurate
- I agree that online access to sensitive or potentially harmful information may be restricted or refused or when:
  - Sensitive information cannot be redacted
  - The information may cause harm to the patient or any third party
  - Concern exists relating to a patients potential to react violently to sensitive information

*We aim to process your application within 12 weeks. This is a guide timeframe only, the process may take longer.*

## Patient Online Access – For Practice Use Only

Application Submitted by	Patient					
	Proxy					
Patients Full Name					Patients DOB	
Application Received Date					EMIS No:	
Type of ID	Patient		Proxy		Date records checked & redacted	
Code Added (Approved)	912P		Code Added (Declined)			912P0
Staff Name			Date Completed			

Clinician Review - Level of Access Authorised					
Standard	Appointments, Prescriptions, Summary Information, Allergies and Medications				
Standard with immunisations and test results	Appointments, Prescriptions, Summary Information, Allergies, Medications, Immunisations and Test Results				
Full	Detailed Coded Records Access (DCRA). Appointments, Prescriptions, Allergies, Medications, Test Results, Documents, Immunisations, Problems, Consultations.				
Reasons for Restricting or Declining Access (Please tick all that apply)	Mental Health		Sensitive information (that cannot be redacted) may cause harm to the patient or a third party		
	Child Protection				
	Safeguarding		Concern relating to a patients potential to react violently/ history of violence		
	MARAC				
	Third Party Info				
Other Reasons GP Comments and Instructions for Staff					
GP Name				Date	