

# The Village Surgeries Group

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## Proxy Access consent for children over 11 years of age

Dear Patient

You are able to register for online services at your GP Surgery. This allows you to look at your medical record, order repeat medication, book appointments with a GP and see any test results. If you have your own email address and mobile number you may wish to have your own account. Please visit the surgery, with photographic ID, for example a passport, to set this up. However, you may prefer to allow a parent/guardian to deal with these things for you. This is called "proxy access". If you wish this, rather than having your own access, it means the online services listed above will be attached to **one** of your parent/guardian's online accounts and they can access these services for you. **It is not possible to have both PROXY access and your own personal access – you will need to choose.**

If you wish to allow a parent/guardian to have 'proxy access' to your online medical services please sign your agreement (consent) at the bottom of this letter. You are free at any time to contact the surgery and create your own online account and remove their proxy access. To comply with the current law, at 16<sup>th</sup> birthday any proxy access you may have given will automatically be removed.

## Consent for a parent/guardian to have proxy access to my online services

**Child's Full Name**.....**Child's DoB**.....

**Address**.....

.....**Post Code**.....

**Email**.....**Mobile No:**.....

**Name of Parent/guardian to be given proxy access:**.....

**Parent/guardian's DoB**.....**Relationship to child:**.....

**Email**.....**Mobile No:**.....

Please take this letter as my consent for proxy access to my online services to the parent/guardian named above. I understand this will give my parent/guardian full access to my medical record, medication and test results. This consent is to remain in place until I remove it.

**We will contact you by telephone to confirm your understanding of proxy access.**

Signed..... Date.....

**This service may take up to 28 days to be applied.**

*Office use : Date patient contacted..... Date sent to scan.....*