The Village Surgeries Group

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Access to online services for a patient 16 years and over

For office:

Date patient spoken to or texted......

You have enquired about online access for a patient 16 years old or older.

If you already have online access, we can allow you "proxy access" with the other person's consent. In order to proceed to apply for proxy access for a patient, please complete the details below, obtain the signature of the patient you are requesting proxy access for and return this to the surgery with photo ID for yourself. Please note that as patient confidentiality is of paramount importance our Data Controller will contact the patient to confirm that they have consented to allowing proxy access and what this means. Please complete ALL information requested below.

The person requesting access: Full Name.......Relationship to Patient...... Mobile number Post Code..... Email address The patient for whom you are requesting access: Full Name Mobile number..... DoB..... Address Post Code Email address Declaration of consent for proxy access to my online medical services I consent you to allow the person named above access to my online medical services. I understand that this will enable them to see my entire medical record indefinitely or until I remove it in writing. As a further protection of the confidentiality of my medical record I understand that the Data Controller of The Village Surgeries Group will contact me to further confirm my consent. It may take up to 28 days for this service to be enabled Signed...... Date.....

Date sent to scan.....