



Fremington Medical Centre

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FREMINGTON MEDICAL CENTRE PROXY ACCESS FORM

On occasions, you may choose for somebody to access your medical records and deal with matters pertaining to your health on your behalf. This is called 'proxy access'.

The information within your medical record and the management of your health and wellbeing is very important and should be handled and protected carefully. Therefore, it is vital that you think carefully about whom you are sharing this privilege with.

If you decide you do want somebody to act as a 'proxy' for you, then please complete the consent form below in **BLOCK CAPITALS**. This will be scanned on to your notes as a record of consent.

If you have any questions about this, please contact reception and ask to speak to a member of the management team or email d-icb.fremington@nhs.net.

Patient Details	
Full Name:	
Date of Birth:	
Address:	

I (the above), give consent for _____ (name of proxy) to:

Tick those that apply:
<input type="checkbox"/> Book and view appointments on my behalf
<input type="checkbox"/> Order and manage my medication
<input type="checkbox"/> Speak to practice staff on my behalf
<input type="checkbox"/> Access my medical record if required

This person (**proxy**) can be contacted on:

Home Tel Number:	
Mobile Tel Number:	
Email Address:	

Declaration

Tick if you consent to both statements:
<input type="checkbox"/> I understand the implications of granting access to another person. I understand that it is my responsibility to inform the practice if I no longer give <input type="checkbox"/> consent for _____ to have access.

Tick only ONE of the following statements:
<input type="checkbox"/> I want proxy access to be granted for _____ months and _____ years. <input type="checkbox"/> I want proxy access to be granted indefinitely.

Signed: _____ **(Patient)**

Date: _____