



The James Cochrane Practice

Online Medical Record Access – Linked Profile for Under 16's

By completing this form, you are asking to link your child's medical record to your own. If you decide to remove this online access, it will not affect your treatment in any way.

CHILD'S DETAILS

| | |
|---------------------------------|--|
| FIRST NAME | |
| SURNAME | |
| DATE OF BIRTH | |
| ADDRESS INCLUDING POSTCODE | |
| PARENT/GUARDIAN'S EMAIL ADDRESS | |
| MOBILE NUMBER | |

Please note: you MUST complete all sections above to register for online access

APPLICATION FOR ONLINE ACCESS TO MY MEDICAL RECORD

Please read and understand the following before signing this form:

- This service is available for those with parental responsibility for the child and the parent/guardian will need to provide identification to prove this. We need to see the **birth certificate of the child** and **photo ID of the parent/guardian requesting access** to prove their name is on the birth certificate. Please bring these with you when returning this form.*
- For patients under the age of 16, the following areas ONLY are available to access online:
 - Booking and cancellation of certain appointments.
 - Ordering repeat prescriptions
 - Immunisations
 - Allergies
 - Medications
- The linked account will automatically deactivate on the child's 16'th birthday. This is because they are deemed to have capacity to make their own decisions about their medical records. Should they wish for their parent/guardian(s) to have a linked profile after turning 16, please have the patient request an 'adult linked profile online access form' at the front desk.
- It is your responsibility to ensure your log in details are kept private and confidential. If you choose to share your details, this is at your own risk.

Please note:

- A GP may wish to review the record and discuss the content with the patient prior to authorising access, all GPs reserve the right to refuse online access to a patient's medical record.

**If you cannot provide these, please speak to our Reception team at the desk for further guidance.*

PLEASE TURN OVER



The James Cochrane Practice

PARENT/GUARDIAN DECLARATION

I confirm that I understand and accept the above statements and the details I have provided are accurate.

| | | | |
|-----------------------|--|-------|--|
| PRINT NAME | | | |
| RELATIONSHIP TO CHILD | | | |
| SIGNATURE: | | DATE: | |

IDENTITY VERIFICATION (PRACTICE USE ONLY)

| | | | |
|--|---------------|---|--|
| BOTH ID NEED TO BE SEEN: <ul style="list-style-type: none"> BIRTH CERTIFICATE OF CHILD PHOTO ID OF PARENT/GUARDIAN REQUESTING ACCESS *OR OTHER IF AUTHORISED BY MANAGEMENT | Vouching | Name of staff member who has seen ID: | Date: |
| | Documentation | Photo ID of Parent/Guardian (<i>type seen</i>): | Confirmation that parent/guardian's name is on birth certificate (Y/N) |
| | | | |
| Date linked profile created: | | | |
| EMIS number of child: | | | |
| EMIS number of parent/guardian with proxy: | | | |
| Registration completed by: (staff name) | | | |