ROSLIN
MEDICAL PRACTICE

PROXY ACCESS REQUEST FORM

Complete in BLOCK CAPITALS. Both the person requesting access and the patient must be registered with Roslin Medical Practice. Access is not automatic and will only be provided following appropriate checks and approval.

1. Person requesting access (proxy)

Full name _____

Date of birth _____

Address _____

Telephone / email _____

2. Patient whose services or information may be accessed

Full name _____

Date of birth _____

Address _____

3. Relationship and reason for request

☐ Parent / person with parental responsibilities ☐ Carer ☐ Family member ☐ Other

Relationship / other _____

Why is proxy access needed? _____

4. Access requested

☐ Order repeat prescriptions

☐ Book or manage appointments

☐ View medical record information (subject to separate clinical approval)

Other access requested _____

The practice may grant less access than requested. Appointment or prescription access does not automatically include access to medical records. Access can be restricted, reviewed or ended.

5. Patient consent (where the patient can make this decision)

I understand the access requested and agree to the named proxy receiving only the access authorised by the practice. I have had the opportunity to ask questions. I understand I can withdraw my agreement at any time by contacting the practice. My agreement does not prevent the practice from limiting access to protect confidentiality or safety.

Patient signature _____

Date _____

☐ Patient is unable to sign / consent, or is a child requiring individual assessment (complete Section 7)

6. Proxy declaration

I will use this access only to assist the patient, keep their information confidential, not share login details, and tell the practice promptly if the patient withdraws agreement or circumstances change. I understand the practice may suspend or remove access.

Proxy signature _____

Date _____

7. Additional information for children or adults unable to consent

☐ Patient is under 16 ☐ Patient may lack capacity for this decision ☐ Other

Parental responsibilities / legal authority / caring role

_____

Evidence supplied (if applicable) _____

For a child, the practice will consider their age, maturity, wishes, confidentiality and ability to exercise their own rights. In Scotland, children aged 12 or over are generally presumed sufficiently mature to exercise data protection rights unless the contrary is shown. Parental responsibility does not automatically permit unrestricted record access.

For an adult who may lack capacity, the practice will consider their wishes, ability to decide about this access, the relevant Scottish legal framework and any valid authority (such as welfare power of attorney or guardianship powers where relevant). Being a relative or carer does not itself confer authority to view records.

8. How we use this information

We use the information on this form to assess, record, provide and manage proxy access, verify identity and authority, and protect patient confidentiality. We process personal information in accordance with UK GDPR, the Data Protection Act 2018 and applicable confidentiality requirements. The lawful bases for our processing are described in our practice privacy notice; the patient's agreement to proxy access is not necessarily our UK GDPR lawful basis for processing health data.

We retain this form and our decision in accordance with applicable NHS Scotland records management requirements and our retention policy. For details of your information rights and how to contact us about privacy, please refer to the Roslin Medical Practice privacy notice or ask reception for a copy.

9. Return your form

Please return the completed form to reception. We may contact you or the patient for further information or an appointment before making a decision. Please do not include copies of identity documents unless requested.

10. For practice use only — assessment and authorisation

☐ Both individuals registered with practice and details matched

☐ Proxy identity verified (method recorded below)

☐ Patient identity verified as appropriate

☐ Patient agreement obtained and verified, or reason not applicable documented

☐ Child's capacity, wishes and confidentiality assessed where relevant

☐ Adult's decision-making capacity and legal authority assessed where relevant

☐ Evidence of parental responsibilities / attorney / guardianship authority checked as applicable

☐ Coercion, safeguarding, confidentiality and potential conflicts of interest considered

☐ Scope and minimum necessary access reviewed; record access referred for clinical authorisation

Identity / authority verification method and date _____

Assessment notes / patient wishes / safeguarding considerations

_____

Decision: ☐ Approved ☐ Partially approved ☐ Declined ☐ Pending further information

Services and record categories authorised _____

Restrictions / reason for decision _____

Review date or review trigger _____

Approving clinician / authorised decision-maker _____

Signature and date _____

Access configured by / date _____

☐ Decision communicated to patient / proxy as appropriate

☐ Approval and scope recorded in clinical system

☐ Review / withdrawal process explained

Where there is uncertainty about authority, capacity, safeguarding or disclosure of clinical records, escalate to an appropriate clinician and/or the practice information governance lead before enabling access.