

# THE MERRYWOOD PRACTICE

## REQUEST FOR PROXY USER ACCESS TO PATIENT RECORDS

### PATIENT:

<b>Patient name:</b>	
<b>Patient date of birth:</b>	
<b>Patient EMIS number:</b> (this will be completed by reception staff)	

### PROXY USER:

<b>Name</b> of person requesting proxy access (proxy user):	
<b>Date of birth</b> of person requesting proxy access:	
Name and DOB <b>confirmed by ID</b> – give details:	
<b>E-mail address</b> of person requesting proxy access (mandatory):	
<b>Phone number</b> of person requesting proxy access:	

If the patient is aged 16 or over they must sign to confirm they have consented to give proxy access to the person named as Proxy User.

**I confirm I have agreed that (insert the name of proxy user):**  
**can have proxy access to my medical records held on EMIS and accessible on line through Patient Access website.**

**Name:**

**Signature:**

**Date:**