Our ref/online access

The Practice Manager

Dr Thorniley-Walker & Partners, Gibson Court, Boldon Colliery NE35 9AN

I [full name] ............................................................

Of [Address] ............................................................

 ............................................................

Date of Birth ............................................................

Tel Number ............................................................

Email address ............................................................

Request Online access to my clinical record [tick where appropriate] .......................

Request Proxy Online Access to my child's clinical record [tick where appropriate] .......................

Childs Name

Of [Address] ............................................................

 ............................................................

Date of Birth ............................................................

Request Online Access to another adults clinical record [tick where appropriate] .......................

Other Adults Name ............................................................

Explain why requesting access ............................................................

Of [Address] ............................................................

 ............................................................

Date of Birth ............................................................

Yours sincerely

I understand where I have asked for access to another patients record the patient will be called to confirm access is appropriate

Signed ……………………………………………………. Date…………………………………