

# THE WATERLOO PRACTICE

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## Patient Access to Online Medical Record – Patient’s Consent for Proxy Access

I request that my representative named below be given access to the online medical services as indicated. My representative will provide identification as required by the Practice.

Name of Patient \_\_\_\_\_ DOB \_\_\_\_\_

Name of Representative \_\_\_\_\_ DOB \_\_\_\_\_

Representative’s Address \_\_\_\_\_

Representative’s Tel No \_\_\_\_\_

Areas of Access: Appointments \_\_\_\_\_

Prescriptions \_\_\_\_\_

Detailed Coded Medical Record \_\_\_\_\_

Summary Record \_\_\_\_\_

**Patient must sign and date against each area that the representative is to be given access.**

I agree that .....will have access to the above 1 / 2 / 3 / 4 online areas  
**Delete numbers as appropriate**

Patient’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Representative’s Signature \_\_\_\_\_ Date \_\_\_\_\_

We agree to observe the practice policy with regard to use of online services and immediately report to the practice any concerns in either the content seen or activity around the online information.

**NB: One form per patient.**

**For office use only**

**ID:**

**Date Received:**

**Received By:**