



Swadlincote Surgery

Darklands Road, Swadlincote, Derbyshire DE11 0PP

Tel: 01283 216091 / 551717

Website: www.swadlincotesurgery.co.uk

ACCESS TO RECORDS

Swadlincote Surgery takes patient confidentiality very seriously. We strive to ensure your information is kept confidential and secure at all times. However we appreciate that on occasions it is useful for patients to nominate a representative who has access to your data.

We have 2 levels of access at the surgery, basic and enhanced.

LEVEL 1 – BASIC ACCESS

This access is ideal to give to spouses/ partners and parents who call on behalf of their adult children and allow them to do the following on your behalf:

Book / check / alter appointments

Check if a prescription is ready and what has been prescribed

Check if a test result is back (BUT NOT WHAT THE RESULT IS)

This access does not allow the surgery to share information regarding medical conditions.

LEVEL 2 - ENHANCED ACCESS

This access is ideal for patients who have carers who support their day to day lives.

It gives access to all areas of your medical information.

We would expect your representative to be able to speak on your behalf and for the surgery to liaise with them directly where necessary.

If you need to change or stop your representative having access please complete our Access Removal Forms
Please remember that changing or stopping access is your responsibility.

The surgery will not remind you to review who you have given access to.

Please inform us if your representative is also your carer so we can ask you to fill in the appropriate form.

ACCESS TO RECORDS

PATIENT DETAILS	
FULL NAME:	
ADDRESS	
POSTCODE	
TELEPHONE NUMBER:	
DATE OF BIRTH:	

PLEASE TICK THE LEVEL OF ACCESS YOU WISH YOUR REPRESENTATIVE TO HAVE	
LEVEL 1 – BASIC ACCESS	
LEVEL 2 - ENHANCED ACCESS	

REPRESENTATIVE DETAILS	
FULL NAME:	
ADDRESS	
POSTCODE	
TELEPHONE NUMBER:	
RELATIONSHIP TO PATIENT:	

I agree that the person signed below is able to have the access to information held by Swadlincote Surgery as indicated above.

Patient Signature..... Date.....

Representative Signature..... Date.....

By signing this form you are consenting to your details being kept by Swadlincote Surgery

Swadlincote Surgery accepts no responsibility for false information given by any of the above named persons.