Consent for Sharing Your Medical Record

For young people aged 11–16

This form is for you to tell us what parts of your medical record you want to share with a parent, carer, or another adult until you turn 16**.**
You can choose for them to have access to all of your record or specific information only.
You can say yes or no to any part, and you can change your mind and update your preferences at any time. Your GP will not share your information unless you give consent, unless there is a serious risk to your safety or someone else's safety.

Why you might want to share your information:

- Your parent or carer can help you manage your care.
- They can remind you about appointments or medications.
- They can support you if you feel unwell.

Why you might not want to share your information:

- Some health information is private, like sexual health, mental health, or certain test results.
- You may feel uncomfortable if someone else can see everything.
- You can choose to share only some parts of your record

What you can choose to share *(tick the boxes for the information you are happy to share):*

[ ] Test results (blood tests, scans, etc.)
[ ] Appointments (past & upcoming)
[ ] Consultations (notes from GP or nurse visits)
[ ] Medications (current and past prescriptions)
[ ] Allergies
[ ] Documents (letters, clinic notes)
[ ] Immunisations / vaccinations
[ ] Problems / diagnoses (long-term conditions)

Your details:
Name:
_____
__

Date of birth:
_____

NHS Number (if known):
_____

Who you are sharing your information with:

Name of adult:
_____

Relationship to you:
_____

I understand that:

- I can choose what to share and what not to share.
- I can change my mind at any time, ***if I do so I need to tell the practice and ask them to change the consents in my medical record***.
- If I do not share some information, my parent or carer may not be able to help me fully with my care.
- When I turn 16 these permissions will be automatically stopped.

Signed (young person):
_____

Date: _____

Staff signature: _____

Date: _____

3 point identity check of young person ☐

Photo ID check of adult ☐

Notes for practice:
This form needs to be signed in person by the young person, following a 3 point identity check.
Once completed give to admin team to update proxy settings and link user.
Admin to then file a copy in the patient record – coded "*proxy has online access to patient record*"