



ROSMELLYN SURGERY

St Clare Medical Centre, St Clare Street, Penzance, Cornwall, TR18 3DX

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Dr C J Rowe Dr B W Penfold Dr K L A Tunstall Dr E A Schwarz

Online Services Application Form

Representative Details

This is the person seeking proxy access to the patient's online records.

Please return this completed form along with the Proxy patient's application form and a copy of your photo ID and proof of address to Rosmellyn Surgery by email

nhskernowccg.rosmellynpenzanceitk@nhs.net or posting your form to us, or returning it in person.

Surname	Date of Birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to access a Proxy's medical record online and understand and agree with each statement (tick)

I have read and understood the information provided by the practice	
I will be responsible for the security of the information that I see or download	
If I choose to share my information with anyone else, this is at my own risk	
If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	
If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	
If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible	

Signature	Date
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For Rosmellyn use only

Emis ID number			
Identity verified by:	Date:	<ul style="list-style-type: none">• Photo ID seen & proof of address• Personal vouching for who patient is (must be themselves)	
Date access granted:	Signed:		