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Consideration should be given to how you handle requests from patients for online access, particularly when dealing with children between the ages of 12-15 who could be classed as Gillick competent and wish to access their own records rather than allow their parents to have access.

The link to the RCGP guidance may help with regard to patient access and good practice: <http://www.rcgp.org.uk/clinical-and-research/practice-management-resources/health-informatics-group/~media/Files/CIRC/Health Informatics Report.ashx>

The LMC view is that children aged 13-15 should not be included at this stage for online access. This avoids the possibility of a parent using their own log in to access their child's information which is probably OK where only booking appointments and requesting repeat prescriptions is involved but wider access to the record is going to become available and this could cause all sorts of problems so we are of the opinion that it is better to start off the policy now of waiting until aged 16 to offer this, after the age of 12.

The GMC has guidance on this on their website about confidentiality in 0-18yrs of age available at: [http://www.gmc-uk.org/guidance/ethical\\_guidance/children\\_guidance\\_42\\_43\\_principles\\_of\\_confidentiality.asp](http://www.gmc-uk.org/guidance/ethical_guidance/children_guidance_42_43_principles_of_confidentiality.asp)

The policy that we know other practices hold is for children 12 years and below to have accounts (with the parent giving consent and having the password) and then be disconnected as they turn 13 until they choose to reconnect themselves by consenting themselves at aged 16. The practices deem it in the child's best interests as the child may not be able to maintain confidentiality of their record at home between those ages (ie being in a position to refuse their parent access to their record when the parent has the password eg around contraception etc).

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