

Your Name
Your Full Address
Postcode
Email address
Phone number
Date

The Practice Manager
[Name of GP Surgery]
[Full address of surgery]
Postcode

Private & Confidential

Dear Practice Manager,

Re: [Full name of your child] – DOB: [insert date]

NHS Number: [if known]

I am writing to confirm my legal rights and expectations regarding access to, and involvement in my autistic child's medical care at your practice.

My child is autistic and has significant difficulties with communication, understanding complex information, and making informed decisions regarding their medical needs. They do **not** have Gillick competence in relation to managing their medical treatments and appointments. As their mother/father with full parental responsibility, I continue to hold the legal right and duty to make decisions about their healthcare and to be fully involved in all discussions about their treatment, medication, test results, referrals and care plans as well as booking and arranging appointment.

The relevant legal framework includes:

- Children Act 1989 – parental responsibility continues until age 18
- GMC guidance "0–18 years: guidance for all doctors" (2007 & updated) – doctors must involve parents when a child lacks capacity to make the decision in question

- Gillick v West Norfolk and Wisbech AHA [1986] – the presumption of competence can be rebutted; in my child's case it is clearly rebutted by his diagnosed autism and associated cognitive and communication impairments
- Data Protection Act 2018 / UK GDPR – parents with parental responsibility have the right to access their child's health records and to be consulted when the child lacks capacity

I therefore formally request that:

1. All clinicians at the practice (GPs, nurses, reception staff and any locums) continue to discuss my Child's health, test results, medication, referrals and care plans directly with me.
2. I am invited to, or copied into, all correspondence concerning their care (including hospital letters) unless I state otherwise in writing.
3. Proxy access to his online NHS records and the NHS App remains active in my name.
4. No information about their medical care is withheld from me on the basis that they are under 16, unless a clinician has carried out (and documented) a specific capacity assessment showing that they have Gillick competence for that particular decision — which, given his diagnosis and presentation, is extremely unlikely.

I fully support my child attending appointments when they are able and comfortable to do so, and I encourage clinicians to explain things to them in an autism-friendly way. However, final decisions and all detailed discussions must include me as the person with parental responsibility.

Please acknowledge receipt of this letter within 14 days and place a clear alert on my son's medical record reflecting the above instructions.

Thank you for your understanding and continued support.

Yours sincerely

[Your full name]