Application for proxy access to online services

Consent to proxy access to GP online services (for parents, carers, etc)
Note: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

Section 1 (Patient to complete. NOT REQUIRED FOR UNDER 11s)
I,Full Name(inc. middle) , give permission to my GP practice to give the following people
_____
proxy access to the online services as indicated below in section 2. I reserve the right to reverse any decision I make in granting proxy access at any time. I understand the risks of allowing someone else to have access to my health records.

Signature of patient	Date

Section 2

1. Appointment booking	
2. Test Results	
3. Prescription management	
4. Consultation History	
5. Clinical Documents	
6. Immunisation History	
7. Accessing the complete medical record for (name of patient)	

Proxy access automatically gives you access to prospective data; if you would like access to historical data, please state the date below you want to be able to view from.

_____

Section 3 (representative / proxy to complete)

I/we_____ (names of representatives) wish to have online access to the services ticked in the box above in section 2 for Full Name(inc. middle) .

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/we will be responsible for the security of the information that I/we see or download	☐
2. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	☐
3. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential	☐

Signature/s of representative/s	Date

Patient ID required

Two original forms of identity. One must be photo ID. Birth certificate required if under 12.

Representative/Proxy ID required

Two original forms of identity. One must be photo ID

ID Accepted:

- Passport
- Drivers License
- Resident Card
- Birth Certificate

- Utility Bill
- Council Tax Bill
- Bank Statement

The Patient (this is the person whose records are being accessed)

First name: Given Name	Date of birth: Date of Birth
Surname:Surname	
Address: Home Address Number and Street Postcode: Home Address Postcode	
Email Address:	
Home Telephone Number:	Mobile Number:

The Representative/Proxy (These are the people seeking proxy access to the patient's online records, appointments or repeat prescriptions)

First name:	First name:
Surname:	Surname:
Date of birth:	Date of birth:
Address: Postcode:	Address: Postcode:
Email:	Email:
Home telephone:	Home telephone:
Mobile:	Mobile:
Relationship to Patient:	Relationship to Patient:

Please Note:

- **If you are applying for access to the record of someone under the age of 16, we will be required to review the application with the registered GP.**
- **Please be aware proxy access for children will be reviewed 6 months prior to the child's 16th birthday to ensure the patient is still happy for the representative to have access to their medical record.**
- **Proxy Access will be ended once a child turns 18. It can then be re-applied for if required.**

For practice use only (Check for patient and proxy requester)

Patient's NHS Number:		
Identity verified by: (initials)	Date:	Patient ☐ Vouching (Reg'd/usual Dr only) ☐ Vouching with information in record (Reg'd/usual Dr only) ☐ Two ID documents. One must be Photo ID (rec staff) – attach copies ☐ Under 12s only birth certificate required
		Proxy requester ☐ Vouching (Reg'd/usual Dr only) ☐ Vouching with information in record (Reg'd/usual Dr only) ☐ Two ID documents. One must be Photo ID (rec staff) – attach copies
Proxy access authorised by (Clinician only) Signature: _____		Date:
Level of record access enabled All ☐ Limited parts ☐ Contractual minimum ☐	Notes / comments on proxy access	