

Consent to Proxy Access to GP Online Services

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.

If you are making a proxy access application to access the medical records of a child, we will need to see evidence of parental responsibility.

Section 1 – Request

I,..... (name of patient), 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. I have read and understand the terms and conditions provided by the practice

Signature of Patient	Date
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Section 2 - Access to Records

Booking Appointments	
Requesting Repeat Prescriptions	
Accessing the Medical Records	

Section 3 – Declaration

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2 for (name of patient). 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 have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	
2. I/we will be responsible for the security of the information that I/we see or download	
3. 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	
4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice, in writing, as soon as possible. I will treat any information which is not about the patient as being strictly confidential	

Signature of representative(s)	Date
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Section 4 – The Patient (The person who's records are being accessed)

Surname	First Name
Date of Birth	
Address	
Postcode	
Email Address	
Telephone Number	Mobile Number

Section 5 - The Representative - These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.

Surname	Surname
First Name	First Name
Date of Birth	Date of Birth
Address	Address (tick if both same address <input type="checkbox"/>)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile Number	Mobile Number

For Practice Use Only

Patients NHS Number		Practice Computer ID Number	
Identity Verified by (initials only)	Date	Method of Verification	
		Vouching <input type="checkbox"/>	
		Vouching with information in record <input type="checkbox"/>	
		Photo ID and proof of residence <input type="checkbox"/>	

Proxy Access Authorised By				Date	
Date Account Created					
Date passphrase sent					
Level of Record Access Enabled <div> <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum </div> <input type="checkbox"/>			Notes / Comment(s) on Proxy Access		