

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.

Section 1

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 information leaflet provided by the practice

Signature of patient _____ Date _____

Section 2

- Online appointments booking
- Online prescription management
- Accessing the medical record for _____ (name of patient)

Section 3

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:

- I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential
- I/we will be responsible for the security of the information that I/we see or download
- 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

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/s _____

Section 4

The patient

(This is the person whose records are being accessed)

SURNAME: _____

FIRST NAME: _____

DOB: _____

ADDRESS: _____

POSTCODE: _____

EMAIL: _____

TELEPHONE: _____

The representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

REP 1

SURNAME: _____

FIRST NAME: _____

DOB: _____

ADDRESS: _____

POSCODE: _____

EMAIL: _____

CONTACT: _____

REP 2

SURNAME: _____

FIRST NAME: _____

DOB: _____

ADDRESS: _____

POSCODE: _____

EMAIL: _____

CONTACT: _____

Tick box if same address as REP 1

For practice use only

The patient's NHS number:

The patient's EMIS Number:

Identity verified by (Initials) :

Date :

Method of verification

Vouching

Vouching with information in record

Photo ID and proof of residence

Proxy access authorised by _____ Date _____

Date account created:

Date passphrase sent:

Level of record access enabled.

Prospective

Retrospective

All

Limited parts

Contractual minimum o Notes / comments on proxy access