



## 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.

**PLEASE COMPLETE USING BLACK INK AND IN UPPER CASE**

### Section 1

I, \_\_\_\_\_ / \_\_\_\_\_ (name of patient and date of birth) give permission to my GP practice to give proxy access to online services to the following person(s):


I indicate the proxy access permission I give below:

(Confirm which services your proxy can see)

1. Online appointments booking	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. Online prescription management	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3. Accessing the full medical record from the date of application	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
4. Viewing my results, allergies, medication, immunisations and medical problems	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

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	
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### Section 2

I/we \_\_\_\_\_ (names of representatives) wish to have online access to the services ticked in the box above in Section 1 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	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2. I/we will be responsible for the security of the information that I/we see or download	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
4. 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/we will treat any information which is not about the patient as being strictly confidential	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Signature(s) of Representative(s)		Date	
Signature(s) of Representative(s)		Date	

**Please bring proof of ID (showing current address and date of birth) to register for Patient Access. We cannot register you without it. Family members have to use a unique email addresses for each person, even children.**

## Section 3

### The patient

(This is the person whose records are being accessed)

Last Name			
First Name			
Date of Birth			
Address			
Email Address			
Telephone Number		Mobile Number	

### The representatives

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

Last Name		Last Name	
First Name		First Name	
Date of Birth		Date of Birth	
Gender	M / F	Gender	M / F
Address		Address	
Email		Email	
Telephone Number		Telephone Number	
Mobile Number		Mobile Number	
Relationship to patient		Relationship to patient	

### For practice use only

Patient's NHS number		Patient's Practice ID	
Identity verified by (initials)		Date	
Method of verification	<input type="checkbox"/>	Vouching	
	<input type="checkbox"/>	Vouching with information in record	
	<input type="checkbox"/>	Photo ID and proof of residence	
Proxy access authorised by		Date	
Date account created		Date passphrase sent	
Level of record access enabled	<input type="checkbox"/>	Prospective	
	<input type="checkbox"/>	Retrospective	
	<input type="checkbox"/>	All	
	<input type="checkbox"/>	Limited	
	<input type="checkbox"/>	Contractual Minimum	
Notes / comments on proxy access			
Did the patient come in?	Yes	<input type="checkbox"/>	No
			If NO, what was the reason given?

## **PROXY CONSENT FOR PATIENT ACCESS (GP ONLINE SERVICES)**

(to be handed out with proxy consent form)

Proxy access allows parents, family members, carers, care home staff, to have access to their patients'/dependants' online services accounts, in order to book appointments, request repeat medication and where applicable, view their medical record.

Anyone with capacity to do so may give informed consent to the practice to give proxy access to online services and the GP records. If the patient lacks capacity, proxy access may be given to a family member or carer either because they hold a Power of Attorney for health and welfare or because the GP judges it to be in the **patient's** best interests.

The proxy does not have to be a registered patient at the practice, BUT must be registered for online services on the GP system and always use their own login credentials. They should not have access to the **patient's** login credentials.

The practice can refuse or withdraw proxy access, if they judge that it is in the **patient's** best interests to do so.

The level of access is configured per patient for each proxy user, as they may care for more than one patient and need different levels of access.

### **Applying for Proxy Access**

If you wish to apply for proxy access (essential for children under the age of 16 years) you must complete the Proxy Access form (available from reception). The form is split into the following Sections:

- 1 the 'patient' gives permission for the named 'representative' to have proxy access and the level of access being given. The patient must sign.
- 2 the 'representative' requests access to the 'patient's' online access and signs to understand their responsibility for safeguarding sensitive information. The 'representative' must sign.
- 3 this gives details (name, address, date of birth, contact details) for both the 'patient' and 'representative'.

**The proxy user must bring proof of ID (showing current address and date of birth) to register for Patient Access. Registration cannot be made without it. Family members must have a unique email addresses for each person, even children.**