



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 signed by the patient's named GP.

Section 1

I,..... (name of patient), give permission to The Medical Centre to give the following people.....
.....

Proxy access to online services as indicated below in section 2.

Section 2

Booking appointments:	Yes/No
Requesting repeat prescriptions:	Yes/No
Access to parts of my medical record as currently available:	Yes/No

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 3

I,..... (name of representative) wish to have online access to the services ticked in the box above in section 2
For..... (name of patient).

I understand my responsibility for safeguarding sensitive medical information

I understand and agree with each of the following statements:-

I have read and understood the information leaflet provided by the practice and agree that

I will treat the patient information as confidential.

I will be responsible for the security of the information that I see or download.

I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without the agreement of the patient.

If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential.

Signature of Representative: _____ **Date:** _____

The Patient (the person whose online records are to be accessed)

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

The Representative (the person seeking proxy access to the patient's online services)

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

For Practice Use Only:

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method 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 password sent			
Level of record access enabled Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>		Notes / explanation	