**PROXY Application for Online Access to Medical Records**

**PATIENT TO COMPLETE:**

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

***I wish to give proxy access to***

|  |  |
| --- | --- |
| First Name: | Surname: |
| Date of Birth: | Relationship to patient: |
| Are you registered at our organization? Yes / No | |
| Address:      Postcode: | |
| Email Address: | |
| Telephone Number: | Mobile Number: |

***I wish the above person to have access to***

***(Please tick all that apply):***

|  |  |
| --- | --- |
| Booking appointments | 🞏 |
| Requesting repeat prescriptions | 🞏 |
| Access to test results | 🞏 |
| Accessing my prospective full medical record | 🞏 |

**What is coercion?**

“Coercion” is when somebody forces an individual to act against their will. This can be through threatening them, overwhelming them, or hurting them.

Coercion might result in patients being forced into sharing information from their record, including login details, medical history, repeat prescription orders, GP appointment booking details and other private, personal information.

* **I confirm that I have not been coerced in any way**

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONLINE SERVICE USER TO COMPLETE:**

**I understand and agree with each statement**

|  |  |
| --- | --- |
| I understand that I will be responsible for the security of the information that is seen, download or printed. | 🞏 |
| If I choose to share information with anyone else, this is at my own risk | 🞏 |
| I will contact the practice as soon as possible if I suspect my account has been accessed by someone without my agreement | 🞏 |
| 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 agree to use the system in a responsible manner. If not access may be withdrawn. | 🞏 |
| I agree that it is my responsibility to keep my username and password secure. If I think these have been shared inappropriately, I will take the appropriate action, reset my password and inform the Practice. | 🞏 |
| I understand that I may see information on the record that I was unaware of or have forgotten about that may cause me distress. | 🞏 |
| I understand that, I will be informed by the Practice of any test results that require action. However, I understand that I, may see these results online before the Practice has been able to contact me. This could be while the Surgery is closed and there is no one available to discuss with me. | 🞏 |
| I understand that if I may see information that relates to significant diagnosis before the GP or hospital specialist has had the opportunity to discuss this with me. This may be relating to diagnosis, prognosis and treatment options and that this may cause me distress. | 🞏 |
| I understand that there may be medical terminology used within my records that I or the proxy user does not understand and that it will take time to arrange for a member of the team to be able to explain the relevant terminology with me and that this could cause me distress. | 🞏 |

|  |  |
| --- | --- |
| Online Service User Signature: | Date: |

**For practice use only**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient NHS number | |  | |
| Identity verified by  (initials) | Date | Method  Vouching 🞏  Vouching with information in record 🞏 Photo ID and proof of residence 🞏 | |
| Authorised by | | | Date |
| Date account created | | | |
| Details of Proxy verified | | Proxy registered at our organisation | |
| Level of record access enabled  Appointment booking 🞏  Medication requests 🞏  Medical records 🞏 | | Notes / explanation | |