Fernville

Over 100 years experience as your Family Doctor

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Consent to proxy access to GP online services

Note: If the patient does not have capacity 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. This form is to be used for patients aged 11 and over.

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.

Signature of Patient	Date

Section 2

1. Online prescription management	☐
2. 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 information and I/we understand and agree with each of the following statements.

1. I /we will be responsible for the security of the information that I/we see or download	☐
2. 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.	☐
3. 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)

<table>
<tr><td>Surname</td><td>Date of birth</td></tr>
<tr><td colspan="2">First name</td></tr>
<tr><td colspan="2">Address</td></tr>
<tr><td colspan="2">Email address</td></tr>
<tr><td colspan="2">Telephone/Mobile number</td></tr>
</table>

The representatives

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

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address ☐)
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only

<table>
<tr><td colspan="2">Patient's NHS number</td><td>Patient's EMIS number</td></tr>
<tr><td>Identify verified by
(initials)</td><td>Date</td><td>Method of verification:
Vouching ☐
Photo ID and proof of address ☐</td></tr>
<tr><td colspan="2">Proxy access authorised by:</td><td>Date</td></tr>
</table>