**Nuffield House Surgery**

**Online Services Patient Consent Form for Proxy Access**

If you are (a) a patient registered at Nuffield House Surgery and would like someone else to look after your online account for you, or (b) you are the carer, parent or someone acting in the patient’s best interests with their consent, please complete the form below and return it to the Surgery Reception, in person, **along with a valid form of photo identification**, for example your passport/national identity card or photo driving licence. Once accepted, the practice will give your proxy (the person acting on your behalf) the information that will enable them to create an online username and password. **Please ensure if you are doing this for your child that you (parent) are registered with our online services. Please note that the NHS App is not linked to this.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PATIENT DETAILS Please complete in black ink, in BLOCK CAPITALS** | | | | | | | | | | | | | | | | | | | | | | | |
| Patient Title | Mr | | Mrs | | | Miss | | Ms | | Other: | | |  | |  |  |  | |  |  |  |  |  |
| Patient Forename(s) |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
| Patient Surname |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
| Patient Date of Birth | D | D | / | M | | M | / | Y | Y | Y | Y |  | | | | | | | | | | | |
| Patient Address |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
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|  |  |  |  | |  |  |  |  |  | Postcode | | | |  |  |  | |  |  |  |  |  |
| Patient email address |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
| Landline Phone Number |  |  |  |  | |  |  |  |  |  |  |  |  | | **No spaces**. Tick last box to indicate your *preferred* contact number | | | | | | | | |
| Mobile Phone Number |  |  |  |  | |  |  |  |  |  |  |  |  | |
| **PROXY DETAILS: I AM ACTING ON BEHALF OF THE ABOVE PATIENT** | | | | | | | | | | | | | | | | | | | | | | | |
| Proxy’s Forename |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
| Proxy’s Surname |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
| Proxy’s Address |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
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|  |  |  |  | |  |  |  |  |  | Postcode | | | |  |  |  | |  |  |  |  |  |
| Proxy’s email address |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
|  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  | |  |  |  |  |  |
| Proxy’s Home Phone № |  |  |  |  | |  |  |  |  |  |  |  |  | Tick last box to indicate your *preferred* contact number | | | | | | | | | |
| Proxy’s Mobile Phone № |  |  |  |  | |  |  |  |  |  |  |  |  |
| You will be notified by email | | | | | | | | | | | | | | | | | | | | | | | |
| I am happy to receive SMS messages | | | | | I do NOT want to receive SMS messages | | | | | | | | | | | | | *(Delete one)* | | | | | |
| My relationship to patient | *e.g.* if the patient is your mother and you are her son, put 'Son' as the relationship | | | | | | | | | | | | | | | | | | | | | | |
| Reason for access |  | | | | | | | | | | | | | | | | | | | | | | |
| **Please SIGN AND DATE** | | | | | | | | | | | | | | | | | | | | | | | |
| Signatures | Patient’s Signature (if capable) | | | | | | | | | | | Proxy’s Signature | | | | | | | | | | | |
| Date | D | D | / | M | | M | / | Y | Y | Y | Y | D | D | / | | M | M | | / | Y | Y | Y | Y |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff use only** | | | | | | | | | | | | | | | |
| Patient ID checked |  | Type of ID |  | Proxy ID checked | | | | Type of ID | | | | |  | | |
| Enter on S1 Snoomed Code 736728004 |  | Staff name |  | Date | D | D | / | M | M | / | Y | Y | | Y | Y |

\* You must tell us that you *do not* wish to receive SMS messages of this type. SMS will not be used for any purpose other than to communicate with you regarding medical matters at Nuffield House Surgery. **[PTO**

**About Online services**

We offer an online service, *SystmOnline*, for our patients and their carers for booking appointments and ordering authorised repeat prescriptions online at their convenience.

If you are a carer for a patient registered at Nuffield House Surgery you may still apply for online access *even if you are not registered at Nuffield House yourself*.

You may contact us at [Nuffield.House@NHS.net](mailto:Nuffield.House@NHS.net) if you have any questions about the online service (this email address is for SystmOnline administration *only* and cannot deal with clinical or any other matters).

**Online appointment booking**

You have the flexibility to book and cancel your appointments from home, at work or any location with internet access\*. You don’t need to queue at the practice or wait on the telephone, and you can manage your appointments outside practice opening hours.

**Proxy Online Requests**

Requests for online Proxy children 0-16years, at the age of 16years this will expire and the patient will have to complete new a registration form and provide a **valid form of photo identification**, for example your passport, national identity card or photocard.

**Request your repeat prescriptions online**

Request your repeat prescriptions quickly online by logging into your account and simply ticking the appropriate boxes. You can review the progress of your repeat prescriptions and any message that the practice may have sent to you.

*\* Not accessible from outside the UK*

To access the SystmOnline website, go to:

<https://systmonline.tpp-uk.com/Login?PracticeId=F81120>

or via our website, [www.nuffieldhouse.co.uk](http://www.nuffieldhouse.co.uk)

sdrive/policies-protocols/forms&letters/onlineproxyconsentform updated 10/21