**HASLINGTON SURGERY**

**PROXY ACCESS FOR PATIENTS AGED 13 AND OVER WITH CAPACITY TO CONSENT**

**PHOTOGRAPHIC PROOF OF ID AND BANK STATEMENT REQUIRED FROM BOTH PARTIES**

**I wish to give Online Proxy Access to the following aspects of my medical record:**

|  |  |  |
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| **Ordering Repeat Medication** | **YES** **[ ]**  | **NO** **[ ]**  |
| **Booking Appointments** | **YES [ ]**  | **NO [ ]**  |
| **Demographics** | **YES [ ]**  | **NO [ ]**  |
| **Viewing Test Results** | **YES [ ]**  | **NO [ ]**  |
| **Documents** | **YES [ ]**  | **NO [ ]**  |
| **Problems** | **YES [ ]**  | **NO [ ]**  |
| **Immunisations** | **YES [ ]**  | **NO [ ]**  |
| **Consultations** | **YES [ ]**  | **NO [ ]**  |

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| **PATIENTS DETAILS** |
| **NAME:** |
| **ADDRESS:** |
| **DATE OF BIRTH:** |
| **SIGNATURE:** |

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| **DETAILS OF PERSON BEING GIVEN ONLINE PROXY ACCESS** |
| **NAME:** |
| **ADDRESS:** |
| **SIGNATURE:** |
| **RELATIONSHIP TO PATIENT:** |

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| **ID DOCUMENTS FOR PATIENT:****DOCUMENT 1: PASSPORT** **[ ]  / DRIVING LICENCE** **[ ]  / OTHER (PLEASE STATE);****--------------------------------------------------------------------------------------------------------------****DOCUMENT 2: BANK STATEMENT** **[ ]** **ID CHECKED BY:---------------------------------------------------------****SIGNATURE:----------------------------------------------------------------** |

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| **ID DOCUMENTS FOR PROXY:****DOCUMENT 1: PASSPORT [ ]  / DRIVING LICENCE [ ]  / OTHER (PLEASE STATE);****--------------------------------------------------------------------------------------------------------------****DOCUMENT 2: BANK STATEMENT [ ]** **ID CHECKED BY:---------------------------------------------------------****SIGNATURE:----------------------------------------------------------------** |

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| **ID DOCUMENTS FOR PERSON WITH LASTING POWER OF ATTORNEY:****LPA CONFIRMED ON WEBSITE BY:---------------------------------------------------------------****DOCUMENT 1: PASSPORT [ ]  / DRIVING LICENCE [ ]  / OTHER (PLEASE STATE);****--------------------------------------------------------------------------------------------------------------****DOCUMENT 2: BANK STATEMENT [ ]** **ID CHECKED BY:---------------------------------------------------------****SIGNATURE:----------------------------------------------------------------** |