**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:----------------------------------------------------------------** |