Consent to proxy access to GP online services

Note: If the patient does not have capacity to consent 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 signed by the patient's named GP.

I, ... (name of patient), give permission to The Thornton Practice to give the following people .... proxy access to the online services as indicated below.

Booking appointments ☐

Requesting repeat prescriptions ☐

Access to parts of my medical record as currently available ☐

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.

I have read and understand the information leaflet provided by the Practice.

Signature of patient	Date

I, ... (name of representative), wish to have online access to the services ticked in the box above for ....(name of patient).

I understand my responsibility for safeguarding sensitive medical information.

I understand and agree with each of the following statements:

I have read and understood the information leaflet provided by the Practice and agree that I will treat the patient information as confidential. ☐

I will be responsible for the security of the information that I see or download. ☐

I will contact the Practice as soon as possible if I suspect that the account has been accessed by someone without the agreement of the patient. ☐

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 will treat any information which is not about the patient as being strictly confidential. ☐

Signature of representative	Date

The patient (the person whose online records are to be accessed)

Surname:	Date of Birth
First name:	
Address:	Post code:
Email address:	

Telephone number	Mobile number

The representative (the person seeking proxy access to the patient's online services)

The representative must produce their proof of photo ID and if registering on behalf of a child, their child's birth certificate or red child health book.

Surname:	Date of Birth
First name:	
Address:	Post code:
Email address:	

Telephone number	Mobile number

For Practice use only

Patient's NHS No:		Patient's EMIS ID No:	
Identity verified by (initials)	Date:	Photo ID and proof of residence ☐ Vouching with non-photo ID ☐ Vouching with information in record ☐	
Proxy access authorised by:			Date:
Date account created:			
Date passphrase sent:			
Level of record access enabled		Notes/comments on proxy access	
Appointments, prescriptions, summary ☐			
Detailed coded record ☐			