



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 Chew Medical Practice to give the following people proxy access to the online services as indicated below.

Booking appointments	<input type="checkbox"/>
Requesting repeat prescriptions	<input type="checkbox"/>
Access to parts of my medical record as currently available	<input type="checkbox"/>

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
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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	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

Signature of representative	Date
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The patient

(The person whose online records are to be accessed)

Surname	Date of birth
First name	
Address	
Postcode	
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
First name
Date of birth
Address
Postcode
Email
Telephone
Mobile

For practice use only

Patient's NHS number		Patient's Emis ID number	
Identity verified by (initials)	Date	Photo ID and proof of residence <input type="checkbox"/> Vouching with non-photo ID <input type="checkbox"/> Vouching with information in record <input type="checkbox"/>	
Proxy access authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled Appointments, prescription & summary <input type="checkbox"/> Detailed coded record <input type="checkbox"/>		Notes / comments on proxy access	