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	☐
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/we…………………………………………………………….. (names of representatives) wish to have online access to the services ticked in the box above
for ……………………………………………. (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information

I/we understand and agree with each of the following statements:

I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	☐
I/we will be responsible for the security of the information that I/we see or download	☐
I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without the agreement of the patient	☐
If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential	☐

Signature/s of representative/s	Date/s

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 representatives (The people seeking proxy access to the patient's online services)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address ☐)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	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 ☐ 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 Appointments, prescription & summary ☐ Detailed coded record ☐		Notes / comments on proxy access