SOUTH HERMITAGE SURGERY

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 omitted.

ii. **The patient (**This is the person whose records are being accessed)
The representatives (These are the people seeking proxy access to the patient's online records)

Section 1

I,…….. (name of patient), give permission to my GP practice

to give the following people ……. (Names of representatives)

proxy access to the online services as indicated below in section 2.

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

Section 2

1. Online appointments booking	☐
2. Online prescription management	☐
3. Accessing the medical records	☐

Section 3

I/we…….. (names of representatives) wish to have online access to the services ticked in the box above in section 2

for ……..…… (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

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

Signature/s of representative/s	Date/s

Section 4

The patient

(This is the person whose records are being accessed)

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

The representatives**

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.) ** Identification verification is required to proceed eg driving licence / passport

Surname	Surname
First name	First name
Date of birth	Date of birth
Address Postcode	Address (tick if both same address ☐) Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only

The patient's NHS number		The patient's practice computer ID number	
Identity verified by (initials)	Date	Method of verification Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐	
Proxy access authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled Prospective ☐ Retrospective ☐ All ☐ Limited parts ☐ Contractual minimum ☐		Notes / comments on proxy access	

The practice may refuse or withdraw proxy access, if they judge that it is in the patient's best interests to do so.