### **The Stubbington Medical Practice Consent to proxy access to GP online services** Child up to age of 10 years old

**Please note** – Proxy access is only given to registered carer's or patients with parental responsibility and at the discretion of the GP. Proxy access can be removed if requested by the patient or at the age of 11 years old -whichever is sooner.

Please provide a proof of address or a piece of photo ID with this application form.

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Surname First name Address

Email address Telephone number

Section 1		
Online appointments booking		
Online prescription management		
Accessing the medical record for	(name of patient)	
Section 2		
Ito have online access to the services ticked in the		e) wish
for (nan	ne of patient).	
I understand my responsibility for safeguarding seagree with each of the following statements:	ensitive medical information and I understa	nd and
I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential		
2. I will be responsible for the security of the	information that I/we see or download	
	3. I 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 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 of representative	Date	
Oignature of representative	Duto	
The patient (This is the person whose records are being acce	ssed)	

Date of birth

Postcode

Mobile number

## The representative

(This is the person seeking proxy access to the patient's online records, appointments or repeat prescription.)

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

## 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 authori	ised by	Date
Date account created	d	
Date passphrase sen	nt	
Level of record access enabled		Notes / comments on proxy access
Prospective □		
Retrospective □		
All □		
	nited parts □	
Contractua	I minimum 🗆	

# Application for DETAILED CODED RECORDS ACCESS – PLEASE READ THIS INFORMATION

#### Please note:

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that we can remove online access until you are able to reset your password.

If you print out any information from their record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

If you think you may be pressured into revealing details from the patient's record to someone else against your will, it is best that you do not register for access at this time.

### **Timescales**

Booking appointments, requesting repeat prescriptions, Questionnaires and Summary Care Record access will take up to 5 days to action. If required, your request for detailed coded records access will be given to your doctor to consider. This can take up to 28 days to action as clinical work takes priority over administrative tasks such as this. Upon approval, this function will be added to your online account.

I read and understood all the information above and read the timescales				
Signature:	Date:			