

The Stubbington Medical Practice

Consent to proxy access to GP online services

Over the age of 16

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.

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

Section 1

I, (name of patient), give permission to my GP practice to give the following people 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
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Section 2

1. Online appointments booking	
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical record for (name of patient)	<input type="checkbox"/>
	<input type="checkbox"/>

Section 3

I, (name of representatives) wish to have online access to the services ticked in the box above in section 2 for (name of patient).

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

1. 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"/>
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 suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/> <input type="checkbox"/>
4. 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/s
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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 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 <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Proxy access authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>		Notes / comments on proxy access	

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: