Consent to proxy access to GP online services

for ordering medication and booking appointments

PROXY ACCOUNTS CANNOT BE GRANTED ON CHILDREN AGED 11-16 YEARS OLD

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.

Section 1

I (name of patient) _____ give permission to my GP practice to give the following person_____ 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.

Signature of patient	Date

Section 2

1. Online appointments booking	☐
2. Online prescription ordering	☐

Section 3

I (name of representative) _____ 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:

I will be responsible for the security of the information that I/we see or download	☐
I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement	☐
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	☐

Signature of representative	Date

Section 4

The patient

(This is the person whose records are being accessed)

Relationship to proxy	
Surname	Date of birth
First name	
Address Postcode	
Email address	
Main contact number	

The representative

(The person seeking proxy access to the patient's appointments or repeat prescription)

Relationship to patient
Surname
First name
Date of birth
Address Postcode
Email
Main contact number

For practice use only

Patient NHS number		Patient's EMIS number
Identity verified by (name)	Date	Method of verification Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐
Proxy access authorised by		Date
Date account created		
Notes / comments on proxy access		