



REGISTRATION FORM FOR PROXY ACCESS TO ONLINE SERVICES

Consent to proxy access to GP online services (for parents, carers etc)

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 (Patient to complete, NOT REQUIRED FOR UNDER 11s)

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 having access to my health records.

Signature of patient:	Date:
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SECTION 2

1 Online appointment booking*	
2 Online prescriptions manage*	
3 Accessing the medical record for* (name of patient)	

*Insert tick where applicable

SECTION 3 (representative/proxy to complete)

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:

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 else without my/our agreement	
If I/we see any 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 that is not about the patient as being strictly confidential	
Signature(s) of representative(s):	Date:

Things to consider before you apply for online access to your medical record

- **Forgotten History** – there may be somethings you have forgotten about in your record that you may find upsetting.
- **Abnormal Results** – if your GP has given you access to test results you may see something that you find upsetting. This may occur before you have spoken to you doctor or while the surgery is closed.
- **Choosing to Share your Information** – It is up to you whether you share your information with others- it is your responsibility to keep your information safe and secure.
- **Misunderstood Information** – your medical record is designed to be used by clinical professionals to ensure you receive the best possible care. Some information within your medical record may be highly technical, written by consultants and not easily understood.
- **If you spot something about Someone Else** - in your medical record that is not about you, please contact the surgery as soon as possible.
- **Children** – up to the age of 11 a Childs medical record can be accessed online by a parent or guardian. On the 11th birthday access will be shut down. A child aged 11 to 16 will need to request online services by completing this form. **Please Note: It is a GP decision whether or not access is given**

FOR PRACTICE USE ONLY

IDENTITY VERIFIED BY	DATE	METHOD: Photo ID and proof of residence: Vouching:
Date registered with practice:		
Date prescription and appointment access issued (7 days after registration):		
Date full record received, and notes summarised (required before full access is issued):		
Authorised by GP (only required for fullaccess):		Date:
Date full access issued, and password sent:		

Please note – the practice is only responsible for the data entered since you registered with us. It is still your right under the General Data Protection Regulation (GDPR) to request any factual amendment.