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 practise, to be in the patients best interest, section one of this form may be omitted.

**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.

Persons allowed access:

……………………………………………..

……………………………………………..

……………………………………………..

I reserve the right to reverse any decision I make in granting proxy access to the online services 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.

Date

Signature of patient

**Section 2**

1. Online Prescription Management

2. Limited access to parts of the medical record

**Section 3**

I/we……………………………………………………..(names of representatives) wish to have online access to the services ticked 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 I have read and understood the information leaflet provided by the practise 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

**The patient**

(this is the person whose records are being accessed)

|  |  |
| --- | --- |
| Surname | Date of Birth |
| First Name |  |
| Address |
| Email Address |  |
| Telephone Number | Mobile Number |

**The Representatives**

|  |  |
| --- | --- |
| Surname | Surname |
| First Name | First Name |
| Date of Birth | Date of Birth |
| Address | Address |
| Email | Email |
| Telephone | Telephone |
| Mobile | Mobile |

**For practice use only**

|  |  |
| --- | --- |
| **NHS number** | **EMIS number** |
| **Identity verified by** | **Date** | **Method of verification** **Vouching q****Vouching with record info q** **Photo ID q**  |
| **Proxy Access authorised by** | **Date** |
| **Notes** |