

## 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 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 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 |
|----------------------|------|

### Section 2

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

### Section 3

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:

|  |                          |
|--|--------------------------|
| 1. I/we 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/we will be responsible for the security of the information that I/we see or download  | <input type="checkbox"/> |
| 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   | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |

|                                 |        |
|---------------------------------|--------|
| Signature/s of representative/s | Date/s |
|---------------------------------|--------|

## 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 representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

|               |   |
|---------------|---|
| Surname       | Surname   |
| First name    | First name  |
| Date of birth | Date of birth   |
| Address       | Address (tick if both same address <input type="checkbox"/> ) |
| Postcode      | Postcode  |
| Email         | Email   |
| Telephone     | Telephone   |
| Mobile        | Mobile  |

## For practice use only

|  |      |   |   |
|--|------|---|---|
| The patient's NHS number   |      | The patient's practice computer ID number |   |
| Identity verified by (initials)  | Date | Method of verification                    | Photo ID and proof of residence <input type="checkbox"/><br>Vouching <input type="checkbox"/><br>Vouching with information in record <input type="checkbox"/> |
| Proxy access authorised by   |      |   | Date  |
| Date account created   |      |   |   |
| Date passphrase sent   |      |   |   |
| Level of record access enabled   |      | Notes / comments on proxy access          |   |
| Contractual minimum <input type="checkbox"/><br>Prospective <input type="checkbox"/><br>Retrospective <input type="checkbox"/><br>All <input type="checkbox"/><br>Limited parts <input type="checkbox"/> |      |   |   |