



**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. Proxy access application **will not** be accepted from any third-party commercial company i.e Insurance company or solicitors.

### Proxy Access

Parents may request a proxy access to their children’s records; this will cease automatically when the child reaches the age of **13**. Any subsequent Proxy Access will need to be authorised by the patient subject to a Gillick competency test being completed by a GP.

### Section 1

I,..... (Name of patient), give permission to my GP practice to give the following person/s Proxy access to the online services indicated below in Section 2.

Name of 1<sup>st</sup> Representative: .....

Name of 2<sup>nd</sup> Representative: .....

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

<b>Patient Signature</b>		<b>Date</b>	
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### Section 2

<b>1</b>	Online appointment booking	<input type="checkbox"/>
<b>2</b>	Online prescription management	<input type="checkbox"/>
<b>3</b>	Summary Care record	<input type="checkbox"/>
<b>4</b>	Full medical records	<input type="checkbox"/>

### Section 3

I/we, the representative/s named above in Section 1, wish to have Proxy Access to the services ticked in the box above in Section 2 for (patients name)>

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

<b>1</b>	I/we have read and understood the information leaflet provided by the practice and agree that I/we will treat the patient information as confidential	<input type="checkbox"/>
<b>2</b>	I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
<b>3</b>	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"/>
<b>4</b>	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/we will treat any information which is not about the patient as being strictly confidential	<input type="checkbox"/>

<b>Signature/s of Representative/s</b>		<b>Date</b>	
		<b>Date</b>	

### The Patient

(This is the person whose records are being accessed)

<b>Surname</b>			
<b>First name</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Postcode</b>			
<b>Email address</b>			
<b>Telephone No.</b>			
<b>Mobile No.</b>			

### The Representatives

(This is the person(s) seeking proxy access to the patient's online records as indicated in Section 2 above)

Representative 1		Representative 2	
<b>Surname</b>		<b>Surname</b>	
<b>First name</b>		<b>First name</b>	
<b>Date of birth</b>		<b>Date of birth</b>	
<b>Address</b>		<b>Address</b>	(tick box if both same address <input type="checkbox"/> )
<b>Postcode</b>		<b>Postcode</b>	
<b>Email</b>		<b>Email</b>	
<b>Tel No.</b>		<b>Tel No.</b>	
<b>Mobile No.</b>		<b>Mobile No.</b>	

When complete, bring into the surgery with **two** forms of identification. One form of photo ID and one proof of address i.e. Passport, Photo Driving Licence, Photo Bus pass, Student ID **and** one official letter bearing your name and address i.e. Bank or Building Society, Utility Company, Local Council, Landline Telephone Provider.

(Note: A photo driving licence will suffice for both photo ID and proof of address)

### For Practice Use Only

<b>Patient NHS Number:</b>		<b>Identity Verification Method</b>	
<b>ID verified by:</b>	<b>Date:</b>	Driving Licence <input type="checkbox"/>	Passport <input type="checkbox"/>
		Bus Photo Pass <input type="checkbox"/>	Student ID <input type="checkbox"/>
<b>Authorised by (if applicable):</b>	<b>Date:</b>	Bank/Building Scty <input type="checkbox"/>	Local Council <input type="checkbox"/>
		Utility Co. <input type="checkbox"/>	Landline Provider <input type="checkbox"/>
		Other (please state)	
<b>Date account created</b>		<b>Date Passphrase sent</b>	
<b>Level of record access enabled</b> 1,2,3,4 (as indicated above in Section 2)	<b>Notes / comments on Proxy Access:</b>		
.....			