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Consent to proxy access for 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 Drs Adey & Dancy to give the following individual

.....

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:
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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,..... (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:

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

Signature of representative:	Date:
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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 Representative

(The person seeking proxy access to the patient's online services).

Surname:
First name:
Date of birth:
Address:
Postcode:
Email:
Telephone:
Mobile:

For practice use only

The patient's NHS number:		Patient's EMIS ID Number:	
Identity verified by (initials):	Date:	Vouching []	
		Vouching with information in record []	
		Photo ID and proof of residence []	
Proxy access authorised by:		Date:	
Date account created:			
Date passphrase sent:			
Level of record access enabled:		Notes / comments on proxy access:	
Appointments, Prescriptions & Summary	<input type="checkbox"/>		
Medical record	<input type="checkbox"/>		