**PROXY ACCESS REGISTRATION FORM FOR ONLINE SERVICES**

**SECTION ONE: Patient Details (person whose record will be accessed)**

I give permission to my GP practice to allow the following people proxy access to the online services section of my medical record.

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name: |  | Date of Birth |  |
| Address: | Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Home Phone: |  | Mobile Phone |  |
| Email: |  | Today Date: |  |

Please tick below to confirm you have and understood the following:

|  |  |
| --- | --- |
|  | *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* |
|  | *If I choose to share my information with anyone else, this is at my own risk* |
|  | *If I think that I may come under pressure to give access to someone else unwillingly I will inform the practice as soon as possible* |

**Signature (if 16 or over) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION TWO: Proxy User Details (person who will be granted access to the above patient’s record)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | I wish to have access to the online service section of the above patient’s medical records. | | | | |
|  | I understand my responsibility for safeguarding sensitive medical information and I understand and agree to the following statements | | | | |
|  | I confirm I have parental responsibility (under11) /or consent above if 16 plus | | | | |
| Patient Name: | |  | Relationship to patient |  |
| Date of birth | |  | Home Phone:  Mobile Phone |  |
| Address: | | Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Email: | |  | Today Date: |  |

Please tick below to confirm you have and understood the following:

|  |  |
| --- | --- |
|  | *I will treat patient information as fully confidential* |
|  | *I will be responsibility for the security of this account, and the information that I see or download* |
|  | *If I suspect that the account has been accessed by someone without the patient’s consent, I will inform the practice as soon as possible* |
|  | *If I choose to share this information with anyone else, this is at my own risk* |
|  | *If see information in this record that is not about patient or in inaccurate, I will inform the practice as soon as possible* |
|  | *If I think that I may come under pressure to give access to someone else unwillingly I will inform the practice as soon as possible* |
|  | ***The practice reserves the right to terminate access at any point if it is thought that it is in the best interests of the patient or if the services are being misused*** |

|  |  |
| --- | --- |
| Signature: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PRACTICE USE ONLY** Staff Initials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | Identity Verified  (under 11 years) |  | Parental responsibility verified (under 11 years) |  | Login details given to parent  (under 11 years) |
|  | Identity verified  (over 16 years) |  | Consent received  (over 16 years) |  | Login details given to \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please read the information over leaf

*Parental responsibility:*

* birth mother
* birth father and married to the mother at the time of child’s birth or subsequently
* If the birth father and *not* married to the mother, but the child was born after 01/12/2003 *and* father’s name is on the birth certificate
* adoptive parent
* child’s legal guardian
* court-appointed parental responsibility

Patients ages 13 to 15 years of age inclusive

Patients should apply for access in their own right.  Access will be given for booking appointments and ordering medication ONLY.

The patient will require their own email account and own mobile number.  Log in information will not be sent to parents or carers and no shared email accounts or mobile numbers are allowed.

\*Proxy access for parents/carers will ONLY be given for MEDICAL REASONS and always at the discretion of the GP. Usually, the patient is unable to make medical decisions by themselves due to a medical condition.  This access is given on a case-by-case basis.

##### Patients ages 16 years and over

Patients should apply for access in their own right using their own email address and own mobile number.  No shared email addresses or mobile numbers are allowed.

Access will be to book appointments, order medication and view medical records.