

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
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Section 2

Booking appointments and order prescriptions	<input type="checkbox"/>
Access to my summary information only	<input type="checkbox"/>
Access to my full clinical record (this will only include information added to your record after access is granted)	<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:

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"/>
I/ we will be responsible for the security of the information that I/ we see or download	<input type="checkbox"/>
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"/>
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
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Section 4

The patient (This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address	
Post Code	
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

Important Information – Please read before returning this form

If you wish to, you can now use the internet to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice. **If you wish to register for online access as a third member or on behalf of a child please request a different form.**

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

Proxy Access: Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of 11. Any subsequent proxy access will need to be authorised by the patient subject to a competency test being completed.

More information

For more information about keeping your healthcare records safe and secure please visit the below website:

<https://www.nhs.uk/nhsengland/thenhs/records/healthrecords/documents/patientguidancebooklet.pdf>

For practice use only

Name of verifier	Method used (tick all that apply): Vouching <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>	Details of documentary evidence	Date:
Level of record access enabled	Summary record <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Full record (prospective only) <input type="checkbox"/>	Notes/explanations on proxy access	
Date account created:	Date login credentials given to patient:	Method	Email <input type="checkbox"/> Text <input type="checkbox"/> Printout in person <input type="checkbox"/> Printout by post <input type="checkbox"/>

