



## 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

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical record	<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
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## Section 4

### 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.)

Relationship to the patient:	
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 Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Proxy access authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>		Notes / comments on proxy access	