

## Bishops Waltham Surgery

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

Proxy Access: Parents may request proxy access to their childrens records; this will cease automatically when the child reaches the age of 11yrs unless there are exceptional circumstances, each case will be assessed on an individual basis by a GP. Any subsequent proxy access will be to book appointments only and this access will cease totally at the age of 16yrs, when the patient will have to re-register for patient access.

When returning this form we will require ID for both the patient and person requesting proxy access.

#### Section 1

##### Proxy Access For Adults:

I.....(name of patient), give permission to my GP practice to give the following people .....Proxy access to the online services indicated in section 2.

I reserve the right to reserve 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

##### Proxy Access For Children under 11 years:

I am the parent/guardian of ..... I am requesting Proxy access to the online services indicated in section 2.

Signature of patient/parent or guardian:

Date:

## Section 2

1. Online appointment booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Full medical records	<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 statement:

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:

## 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:
Mobile number:	

## The representatives

(This is the person / persons seeking proxy access to the patient's online records, appointments or repeat prescriptions.)

Surname:	Date Of Birth:
First Name:	
Address:	
Postcode:	
Email Address:	
Telephone number:	Mobile number:
Mobile number:	

Surname:	Date Of Birth:
First Name:	
Address:	
Postcode:	
Email Address:	
Telephone number:	Mobile number:
Mobile number:	

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 competency test being completed.

---

*For Reception use: ID FOR ALL PARTIES REQUIRED apart from children*

Patient NHS number		EMIS ID number	GP
Identity verified by  (FULL NAME):    Sign:   Date:	<u>Patient ID</u> : Tick all that apply:   <div>Personal vouching <input type="checkbox"/></div> <div>Vouching with information in record <input type="checkbox"/></div> <div>Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></div> <div>Proof of residence <input type="checkbox"/></div>		
Identity verified by  (FULL NAME):    Sign:   Date:	<u>PROXY 1</u> : Tick all that apply:   <div>Personal vouching <input type="checkbox"/></div> <div>Vouching with information in record <input type="checkbox"/></div> <div>Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></div> <div>Proof of residence <input type="checkbox"/></div> Does this proxy have PARENTAL RESPONSIBILITY? <input type="checkbox"/>		
Identity verified by  (FULL NAME):    Sign:   Date:	<u>PROXY 2</u> : Tick all that apply:   <div>Personal vouching <input type="checkbox"/></div> <div>Vouching with information in record <input type="checkbox"/></div> <div>Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></div> <div>Proof of residence <input type="checkbox"/></div> Does this proxy have PARENTAL RESPONSIBILITY? <input type="checkbox"/>		