

Keele Practice

Application for Proxy Access to Online Services

Consent to proxy access to GP online services (for parents, carers, etc)

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 (Patient to complete. Not required for under 11's)

I.....(name of patient), give permission
to my GP Practice to give the following people:

.....

proxy access to the online services as indication 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 (representative/proxy to complete)

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 the 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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Patient ID Required

Two original forms of identity from. One of must be photo ID
 Birth certificate if under 12

Representative/Proxy ID Required

Two original forms of identity. One must be photo ID

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

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile

The representatives/proxy (these are the people seeking proxy access to the patients online records, appointments or repeat prescriptions)

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

For Practice use only (check patient and proxy requester)

The patients NHS number

Identiy verified by	Date	Method - patient	
		Vouching (Reg'd/usual Dr only)	<input type="checkbox"/>
		Vouching with formation in record (Reg'd/usual Dr only)	<input type="checkbox"/>
		Two ID documents. One must be photo ID (rec staff)attach copies	<input type="checkbox"/>
		Under 12's birth certificate required	<input type="checkbox"/>
Identiy verified by	Date	Method - patient	
		Vouching (Reg'd/usual Dr only)	<input type="checkbox"/>
		Vouching with formation in record (Reg'd/usual Dr only)	<input type="checkbox"/>
		Two ID documents. One must be photo ID (rec staff)attach copies	<input type="checkbox"/>
		Under 12's birth certificate required	<input type="checkbox"/>

Proxy access authorised by (Reg'd Dr only) Signature	Date
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Person who created account and date

Person who gave passphrase and date	Notes or comments
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"/>	

Checked for 3rd party references/sensitive information

Redactions	<input type="checkbox"/> <input type="checkbox"/>	Redactions done by GP signed to confirm redactions
Yes		
No		