

# BUCKDEN AND LITTLE PAXTON SURGERIES

## 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 patients best interest section 1 of the form may be omitted.

<b>Section 1</b>	<p>I, ..... (name of patient)  give permission to my GP practice to give the following person  ..... (name of representative)</p> <p>Proxy access to the online service as indicated in section 2.</p> <p>I reserve the right to reverse any decision I make in granting proxy access at any time. <input type="checkbox"/></p> <p>I understand the risks of allowing someone else to have access to my health records. <input type="checkbox"/></p> <p>I have read and understand the information leaflet provided by the practice. <input type="checkbox"/></p>	
	<b>Signature</b>	<b>Date</b>
<b>Section 2</b>	<p>I wish to have access to the following online services (please tick all that apply):</p> <p><b>1. Booking appointments</b> <input type="checkbox"/></p> <p><b>2. Requesting repeat prescriptions</b> <input type="checkbox"/></p> <p><b>3. Access to detailed record</b> <input type="checkbox"/></p>	
<b>Section 3</b>	<p>I.....(name of representative) wish to have online access to the services ticked in the box above in section 2  for .....(name of patient).</p> <p>I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the following statements (tick):</p>	
	<p>1. I 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"/></p>	
	<p>2. I will be responsible for the security of the information that I see or download. <input type="checkbox"/></p>	
	<p>3. I will contact the practice as soon as possible if I suspect the account has been accessed by someone without my agreement. <input type="checkbox"/></p>	
	<p>4. If I see information in the record that is not about the patient or is inaccurate, I 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"/></p>	
	<p>5. If I use a shared email address, I am aware others will be able to see the records/appointments and medications, this is at my own risk. <input type="checkbox"/></p>	
	<p>6. I have provided the verification details as shown. <input type="checkbox"/></p>	
	<b>Signature of representative</b>	<b>Date</b>

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<b>The Patient</b> (This is the person whose records are being accessed)	
<b>Surname</b>	<b>Date of Birth</b>
<b>First Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	<b>Mobile Number</b>

<b>The representative</b> (This is the person seeking proxy access to the patient's online records)	
<b>Surname</b>	<b>Date of Birth</b>
<b>First Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Email Address</b>	
<b>Telephone Number</b>	<b>Mobile Number</b>

<b>For practice use only</b>	
Patient NHS number	Practice EMISweb number
Identity verified by:(initials) Date:	Form of Identification: Passport <input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> GP Vouching <input type="checkbox"/> Other (please state) _____
Authorised by GP (Y/N)	Date
If N, date patient contacted:	
Date Account Created:	Level of record access enabled:
Date password/user sent:	Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/> Detailed record access <input type="checkbox"/> Any redactions <input type="checkbox"/>

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**Examples of ID accepted**

- Passport
- Driving Licence (with photo ID card)
- Proof of Age Card (under Proof of Age Standards scheme)
- Certain organisations' ID cards at management discretion.