BUCKDEN AND LITTLE PAXTON SURGERIES

Consent to proxy access to GP online services Child Proxy

This form is designed for patient below the age of 11. Only to be used for patients aged 11 or over as agreed with the patient's GP.

Section 1

The Child (This is the person whose records are being accessed)	
Surname	**Date of Birth**
First Name	
Address	

Section 2

I wish to have access to the following online services (please tick all that apply):

1. **Booking appointments** ☐
2. **Requesting repeat prescriptions** ☐
3. **Access to detailed record** ☐

Section 3

I……..(name of representative) wish to have online access to the services ticked in the box above in section 2

for ……..(name of patient).

I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the following statements (tick):

1. I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential.	☐
2. I will be responsible for the security of the information that I see or download.	☐
3. I will contact the practice as soon as possible if I suspect the account has been accessed by someone without my agreement.	☐
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.	☐
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.	☐
6. I have provided the verification details as shown.	☐

Signature of representative	**Date**

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Adult acting on behalf of the child (This is the person seeking proxy access to the patient's online records)	
Surname	**Date of Birth**
First Name	
Address **Postcode**	
Email Address	
Telephone Number	**Mobile Number**

I have parental responsibility.

Please tick one of the below and provide the necessary documentation:

- ☐ I am the birth mother
- ☐ I am the birth father and married to the mother at the time of child's birth or subsequently
- ☐ I am the birth father and *not* married to the mother, but the child
  - was born after 01/12/2003 *and*
  - my name is on the birth certificate
- ☐ I am an adoptive parent
- ☐ I am the child's legal guardian
- ☐ I have court-appointed parental responsibility
- ☐ Other – please specify: _____ I wish to have access to the following online services for the above patient (please tick all that apply):

For practice use only

Patient NHS number		Practice EMISweb number
Identity verified by:(initials) Date:		Form of Identification: Passport ☐ Proof of Age Card ☐ Driving Licence ☐ GP Vouching ☐ Other (please state)_____
Authorised by GP (Y/N)	Date	If N, date patient contacted:
Date Account Created:		Level of record access enabled: Appointments ☐ Prescriptions ☐ Detailed record access ☐ Any redactions ☐
Date password/user sent:		

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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.