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.

Section 1

I, …… (name of patient)
give permission to my GP practice to give the following person

…… (name of representative)

Proxy access to the online service as indicated 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	**Date**

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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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 representative (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**

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:		

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.