

BUCKDEN AND LITTLE PAXTON SURGERIES
Consent to proxy access to GP online services

Only to be used for patients 16 and over

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	<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. I reserve the right to reverse any decision I make in granting proxy access at any time. <input type="checkbox"/> I understand the risks of allowing someone else to have access to my health records. <input type="checkbox"/> I have read and understand the information leaflet provided by the practice. <input type="checkbox"/></p>												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;">Signature</td> <td style="width: 30%; border: none;">Date</td> </tr> </table>	Signature	Date										
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Section 2	<p>I wish to have access to the following online services (please tick all that apply):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 85%;">1. Booking appointments</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>2. Requesting repeat prescriptions</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>3. Access to detailed record</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	1. Booking appointments	<input type="checkbox"/>	2. Requesting repeat prescriptions	<input type="checkbox"/>	3. Access to detailed record	<input type="checkbox"/>						
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Section 3	<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>												
	<table style="width: 100%; border: none;"> <tr> <td style="width: 85%;">1. I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential.</td> <td style="width: 15%; text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>2. I will be responsible for the security of the information that I see or download.</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>3. I will contact the practice as soon as possible if I suspect the account has been accessed by someone without my agreement.</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>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.</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>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.</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td>6. I have provided the verification details as shown.</td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	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"/>	2. I will be responsible for the security of the information that I see or download.	<input type="checkbox"/>	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"/>	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"/>	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"/>	6. I have provided the verification details as shown.	<input type="checkbox"/>
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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 <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: Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/> Detailed record access <input type="checkbox"/> Any redactions <input type="checkbox"/>
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.