

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 to 15, 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	<p>I wish to have access to the following online services (please tick all that apply):</p> <p>1. Booking appointments <input type="checkbox"/></p> <p>2. Requesting repeat prescriptions <input type="checkbox"/></p> <p>3. Access to detailed record (Only for patients under 11) <input type="checkbox"/></p>	
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>	
	<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>	
	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
<p>I have parental responsibility.</p> <p>Please tick one of the below and provide the necessary documentation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am the birth mother <input type="checkbox"/> I am the birth father and married to the mother at the time of child's birth or subsequently <input type="checkbox"/> I am the birth father and <i>not</i> married to the mother, but the child <ul style="list-style-type: none"> • was born after 01/12/2003 <i>and</i> • my name is on the birth certificate <input type="checkbox"/> I am an adoptive parent <input type="checkbox"/> I am the child's legal guardian <input type="checkbox"/> I have court-appointed parental responsibility <input type="checkbox"/> 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 <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.