

Online Services – Application/Consent Form for Proxy Access

Note: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the patients named GP to be in their best interest Section 1 of this form may be omitted.

The Patient

Surname:	First Name:
Date of Birth:	Email:
Telephone:	Mobile:
Address:	

Section 1

I give permission to my GP Practice to give the representative named below, proxy access to online services as indicated: *Full Medical Record and/or Prescriptions (*please delete as appropriate).

Access will be granted from the date of the request, and only once it has been reviewed by the clinician.

- 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 (located at the back of this form).

Signature of patient	Date
----------------------	------

The Representative

Surname:	First Name:	
Date of Birth:	Email:	
Telephone:	Mobile:	
Address:		
Are you a patient at The River Surgery? *YES/NO (delete as appropriate)	Do you hold Power of Attorney for the patient? *YES/NO (delete as appropriate) If "Yes", please provide copy	Please state relationship, if any, to the patient.

Section 2

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

1. I have read and understood the information leaflet provided by the practice and agree that I/we will treat the patient information as confidential	<input type="checkbox"/>
1. I will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
2. I will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	<input type="checkbox"/>
3. If I see information in the record that is not about the patient, or is inaccurate, I/we 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"/>
Signature of representative	Date

For practice use only

Method of Verification:	Photo ID <input type="checkbox"/>
Identity verified by (name):	Date:
Proxy access authorised by (Must be a GP if Section 1 not completed): Name:	Date:

Important Information – Please read before returning this form

If you wish to, you can now use the internet to book appointments with a GP, Nurse Practitioner or Nurse, request repeat prescriptions for any medications you take regularly and view your medical record online. You can still use the telephone or call into the surgery for any of these services as well. It is your choice.

It will be your responsibility to keep your login details and passwords safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If you can't do this for some reason, we strongly recommend that you contact the surgery so that we can remove your online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we strongly recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

<p>Forgotten History There may be something you have forgotten about in your record that you might find upsetting.</p>
<p>Abnormal Results or Bad News If the surgery has given you access to your medical record, you may see something that you might find upsetting. This may occur before you have spoken to one of the clinician's or while the surgery is closed, and you cannot contact us.</p>
<p>Choosing to Share your Information with Someone It's up to you whether or not to share your information with others – perhaps family members or carers. It is your choice, but also your responsibility to keep the information safe and secure.</p>
<p>Coercion If you think you may be pressured into revealing details from your medical record to someone else against your will, it is best that you do not register for access at this time.</p>
<p>Misunderstood Information Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.</p>
<p>Information about Someone Else If you spot something in your record that is not about you or notice any other errors, please log out of the system immediately and contact the surgery as soon as possible.</p>
<p>Proxy Access Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of 13. Any subsequent proxy access will need to be authorised by the patient annually until the age of 16. Gillick Competency test will be carried out for a child aged between 13 to 16 requesting access to their own records.</p>