

## Application for Access to GP Online Services

For proxy access (i.e. parent/carer requesting access for child or relative/carer requesting access for patient who requires support) – please also read and complete reverse of form.

### Patient Details

Surname		Date of birth	
First name		Title	
Address			
Postcode			
Email address			
Telephone	Mobile number		

Access request to the following online services (please tick all that apply):

1. Booking appointments and/or requesting repeat prescriptions	<input type="checkbox"/>
2. Medical record access in basic form	<input type="checkbox"/>

I (or my proxy) wish to have online access and understand and agree with each statement (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
4. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible	<input type="checkbox"/>
5. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>
6. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.	<input type="checkbox"/>
7. If applying for parental access for a child under the age of 16, please tick to confirm that you have parental rights and will keep us informed should the situation change.	<input type="checkbox"/>
8. I am happy for my confidential log-in details to be posted to me. If left unticked, you will need to collect your log-in details from us.	<input type="checkbox"/>

Signature (Patient)	Date
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**All patients aged 11 and over will need to sign this form in the presence of reception staff (with photo ID and proof of address).**

If you have any questions when completing this form, please contact the Admin department.

## This page only needs to be completed for Proxy Access

### Please read if you are a parent requesting proxy access for your child:

On your child's 11th birthday, our computer systems will automatically restrict the scope of existing proxy access. Parental proxy access may be reinstated if, after discussion with the parent(s) requesting access, the child's GP believes that proxy access would be in the child's best interest.

From 11–16, a parent with proxy access will be able to manage certain elements of the young person's record, such as demographic data, and make appointments and order repeat prescriptions, but they will not be able to see the young person's past appointments nor clinical record.

On the young persons' 16th birthday, the systems will switch off all the remaining proxy access except where the young person is competent and has given explicit consent to the access.

### Please read if requesting proxy access for an adult who requires support:

When an adult patient has been assessed as lacking capacity, access can be granted to a proxy acting in their best interests. The level of access that is enabled is only that which is necessary for the performance of the applicant's duties. For example, it may be appropriate to enable appointment booking and ordering of repeat prescriptions but not full records access.

## Proxy User Details

Surname		Date of birth	
First name		Title	
Address (if different from patient)			
Postcode			
Email address			
Telephone		Mobile number	
Signature (Proxy)			
<b>To be signed in the presence of reception staff (with ID)</b>			

### For practice use only

<b>R E C E P T I O N</b>	Patient NHS number		Practice computer ID number	
	Patient Identity verified by	Date	Method – what have you seen? Vouching <input type="checkbox"/> Photo ID <input type="checkbox"/> ..... Proof of address <input type="checkbox"/> .....	
	Proxy Identity verified by	Date	Method – what have you seen? Vouching <input type="checkbox"/> Photo ID <input type="checkbox"/> ..... Proof of address <input type="checkbox"/> .....	
<b>A D M I N</b>	Authorised by			Date
	Date account created and passphrase set			
	Level of record access enabled <div style="text-align: right;">Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/></div>			