Appendix 3
Application for proxy access to online services

Please complete this form in black ink and capital letters.

Consent to proxy access to GP online services (for parents, carers, etc)
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 patient's best interest section 1 of this form may be omitted.

Section 1 (Patient to complete. NOT REQUIRED FOR UNDER 11s)

I,_____ (name of patient), give permission to my GP practice to give the following people

_____ proxy access to the online services as indicated below 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 of patient	Date

Section 2

1. Online appointments booking	☐
2. Online prescription management	☐
3. Accessing the medical record for (name of patient)	☐

Section 3 (representative / proxy to complete)

I/we_____ (names of representatives) wish to have online access to the services ticked in the box above in section 2 for _____ (name of patient).

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

1. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	☐
2. I/we will be responsible for the security of the information that I/we see or download	☐

3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	☐
4. If I/we 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	☐

Signature/s of representative/s	Date

Patient ID required

Two original forms of identity. One must be photo ID. Birth certificate required if under 12.

Representative/Proxy ID required

Two original forms of identity. One must be photo ID

The Patient (this is the person whose records are being accessed)

First name:	Date of birth:
Surname:	
Address: Postcode:	
Email Address:	
Home Telephone Number:	Mobile Number:

The Representative/Proxy (These are the people seeking proxy access to the patient's online records, appointments or repeat prescriptions)

First name:	First name:
Surname:	Surname:
Date of birth:	Date of birth:
Address: Postcode:	Address: Postcode:

Email:	Email:
Home telephone:	Home telephone:
Mobile:	Mobile:

For practice use only (Check for patient and proxy requester)

<table>
<tr><td>Patient's NHS Number:</td><td colspan="2"></td></tr>
<tr><td rowspan="2">Identity verified by: (initials)</td><td rowspan="2">Date:</td><td>Method – Patient

☐ Vouching (Reg'd/usual Dr only)

☐ Vouching with information in record (Reg'd/usual Dr only)

☐ Two ID documents. One must be Photo ID (rec staff) – attach copies

☐ Under 12s only birth certificate required</td></tr>
<tr><td>Method – Proxy requester

☐ Vouching (Reg'd/usual Dr only)

☐ Vouching with information in record (Reg'd/usual Dr only)

☐ Two ID documents. One must be Photo ID (rec staff) – attach copies</td></tr>
<tr><td colspan="2">Proxy access authorised by (Clinician only)

Signature: _____</td><td>Date:</td></tr>
<tr><td>Level of record access enabled

Prospective ☐
Retrospective ☐
All ☐
Limited parts ☐
Contractual minimum ☐</td><td colspan="2">Notes / comments on proxy access</td></tr>
</table>