Please read the 'It's your choice' information leaflet & the practice guidance BEFORE completing form

Scott Park Surgery

Consent to proxy access to GP online services

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

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 have not been coerced on this proxy access but 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.**
- 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	☐

Section 3

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. I/we will NOT share the patient's medical details with anyone without the patient's consent	☐
5. 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/we will treat any information which is not about the patient as being strictly confidential	☐

Signature/s of representative/s	Date/s

Please now complete the patient's details overleaf.

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 representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)

Are you also a patient of Scott Park Surgery? YES / NO (please delete as appropriate)	***Are you also a patient of Scott Park Surgery?*** YES / NO (please delete as appropriate)
Surname	Surname
First name	First name
Date of birth	Date of birth
Address Postcode	Address (tick if both same address ☐) Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

Please submit this completed application form along with both the patient and the representative/s' photo identification (i.e. photo driving licence, passport or bus pass) to reception. A copy of the ID will be taken but NOT scanned into clinical record.

Please collect the login details in person allowing 3-5 working days (if not requesting for detailed coded record access) or 21 days (if medical record access is required) to process.

For practice use only

To be completed by Reception Staff

Copy of patient's photo identification taken: ☐ *Passport* ☐ *Photo Driving Licence* ☐ *Other*_____

Copy of representative/s photo identification taken: ☐ *Passport* ☐ *Photo Driving Licence* ☐ *Other*_____

Patient's Contact Details Updated on Computer*: Telephone & Mobile Phone Numbers* ☐ *Email Address* ☐

Register Patient for Patient Access on SystmOne+ Instructions & Login details printed ☐

Proxy access authorised by Dr Ng_____ Date_____

Level of record access enabled:

No Care Record Access ☐ Core Summary Care Record

Staff Name & Signature: …… Date……

To be completed by Patient's Representative/s

Signature of Representative/s……/……

Date of login details collected: ……

To be completed by Reception Staff Application form to file ☐ IDs seen ☐