**THE PORCH SURGERY** Corsham, Wiltshire SN13 9DL **Telephone: 01249 712232**

**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 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 Summary Care Record (Medication and Allergies) | 🞏 |
| 4 Summary Care Record (Additional Information) | 🞏 |
| 5 Access to full medical records from 1.4.2017 | 🞏 |

**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
 | 🞏 |
| 1. I/we will be responsible for the security of the information that I/we see or download
 | 🞏 |
| 1. 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
 | 🞏 |
| 1. 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
 | 🞏 |

|  |
| --- |
| Reason for requesting proxy for patient: |

**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.)

|  |  |
| --- | --- |
| Surname | Surname |
| First name | First name |
| Date of birth | Date of birth |
| NHS Number | NHS Number |
| AddressPostcode  | Address (tick if both same address 🞏)Postcode |
| Email | Email |
| Telephone | Telephone |
| Mobile | Mobile |

**Please return this form to the surgery:**

**Reception Team,**

**The Porch Surgery,**

**Beechfield Road**

**Corsham**

**Wiltshire SN13 9DL.**

**………………………………………………………………………………………………………………**

**For Office Use**

|  |  |  |
| --- | --- | --- |
| **Date Application Received:** | **Authorising GP:** | **Date Application returned to Reception by PA:** |
| **Date Patient notified. Representative will need to bring in 2 forms of ID and collect Log-in details:** | **By whom:** |
| **Details of Representative/s ID verified:** | **By whom:** |
| **Log-in details collected by** **Signature: …………………………………………………………………………….****Print Name: ……………………………………………………………………………** |
| **Date:** |