**CONSENT TO PROXY ACCESS TO GP ONLINE SERVICES**

*INFORMATION ABOUT ACCESS TO PATIENT ONLINE SERVICES to also be provided*

Patient details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Date of birth |  |
| First name |  |  | |
| Address | | | |
|  | | Postcode |  |
| Telephone number |  | Mobile number |  |

I give permission to my GP practice to give the following person proxy access to the online services as indicated below.

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

Representative details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Contact number |  | | Relationship to patient |  |
| Access to be granted | | * Online appointments booking * Online prescription management * Accessing the medical record | | |

I understand my responsibility for safeguarding sensitive medical information and I understand and agree with the following:

* I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential
* I will be responsible for the security of the information that I see or download
* I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement
* If I see information in the record that is not about the patient or is inaccurate I will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential

|  |  |
| --- | --- |
| Signature of representative | Date |

|  |  |  |  |
| --- | --- | --- | --- |
| For practice use only | | | |
| Patient NHS Number |  | Patient EMIS Number |  |
| Representative Identity verified by |  | Method used   * Photo ID | |
| If the patient does not have capacity to consent to grant proxy access, is proxy access considered by the practice to be in the patient's best interest? Yes / No  Best interest decision made by: | | | |
| Date account created (appointments & prescriptions) |  | Date login credentials provided |  |
| Date clinical assurance completed |  | Assured by: |  |
| Level of record access enabled: | | Notes/explanation | |
| Reason for restriction of access: | | | |