

IVY GROVE SURGERY

CONSENT FOR PROXY ACCESS TO ONLINE SERVICES APPOINTMENTS, PRESCRIPTIONS & MEDICAL RECORDS

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 allow the following people proxy access to the online services 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. Booking appointments	
2. Request Repeat Medication	
3. Accessing the medical record for	(name of patient)

Section 3.

I/we(names of representatives) wish to have 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/we will treat the patients 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/s:

THE PATIENT

(This is the person whose records are being accessed)

Surname:	Date of Birth:
First Name:	
Address:	
Post Code:	
Email:	
Telephone:	Mobile:

THE REPRESENTATIVES

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

Surname:	
First name:	
Date of birth:	
Address:	Address: (if both the same write SAME)
Postcode:	Postcode:
Email:	Email:
Telephone:	Telephone:
Mobile:	Mobile:

For Practice Use Only

The patient's NHS number:		The patient's practice computer ID number:	
Identity verified by (initials):	Date:	Type of Photo ID:	
Proxy access authorised by:			Date:
Date Account Created:			
Consultations, lab results, immunisations, & allergies - Retrospective access		Notes/comments on proxy access	
Documents and Free text – Prospective access from 1st April 2020			