

PATIENT/PROXY ONLINE ACCESS

Did you know that you can now book telephone consultations with a GP, request repeat medications, check your symptoms, see what immunisations you have had, and or check your allergies/adverse reactions, on-line.

You can still contact us by phone or call into the surgery for these services. However, being able to see your records on-line might help you to manage your medical condition (s) as you can access this information at any time/anywhere.

Please complete this form if you would like on-line access.

CONSENT FORM FOR ONE PATIENT

Please tick **one** of the following boxes:-

- I am a patient, and I would like to be able to use patient online access.
- I would like proxy access for the patient opposite as a carer.
- I would like proxy access for the patient opposite as a parent/guardian.

Information for Patient Access: -

- Once this form is actioned, and you have indicated what you as a patient would like access to, you will be able to book appointments, order repeat prescriptions. If you request hospital letters, a GP will need to authorise this part of your request.
- You must show photo ID and proof of your address at the time of requesting access.

Declaration for On-line Patient Access: -

- I agree to inform the surgery as soon as possible of any problems/errors I see whilst using the system.
- I reserve the right to change any decision I make in granting me access at any time.
- I understand the risks of allowing someone else to have access to my health records.
- I adhere to use this system in accordance with all instructions given.

Information on Proxy Access: -

- The representative, parent or guardian must show their photo ID, proof of their address, and proof of parental right e.g. birth certificate if a child (if applicable), at the time of requesting proxy access for the patient.
- If there are any limitations on access to a patient and or their information imposed by Court or Children's /Adult Services, it must be declared beforehand.
- One parent, with parental rights, may request proxy access for their child under the age of 11.
- If you are applying on behalf of a child, once the child turns 11 years of age their online services registration will expire, and a new request will need to be completed.
- Young people under 16 years are sometimes deemed competent to make important decisions themselves. The surgery will take this into account if the young person does not wish to grant access to their medical records to a parent/guardian.
- Anyone over 16 years is presumed to have consent to access their online medical records.
- If the patient does not have capacity to consent to grant proxy access, the surgery will consider the request carefully to ensure that it is the best interest of the patient.
- The representative/parent or guardian with proxy access will be able to book appointments, order repeat prescriptions for the patient, and will also have access to the elements of the patients record that have been released by the GP for online access.

On-line Proxy Access Declaration: -

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

- I agree that I will treat the patient's information as confidential.
- I will be responsible for the security of all the patients' information.
- I will contact the surgery 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 Surgery as soon as possible.

PLEASE COMPLETE ALL RELEVANT INFORMATION BELOW:-

Name of Patient:	
Date of Birth:	
Main contact number:	
Email address – please print	

Please tick what you would like on-line access to; if you are unsure please speak to a receptionist.

Medications <input type="checkbox"/>	Patient hospital letters <input type="checkbox"/>
Book a GP telephone appointment <input type="checkbox"/>	Test results <input type="checkbox"/>
Immunisation <input type="checkbox"/>	Allergies <input type="checkbox"/>
On-line symptoms checker <input type="checkbox"/>	

Please tick this box to confirm that you have read and agree with the information on the opposite page.

Signed by the patient:	Dated:
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On-line Proxy Access

If on-line access is to be applied by someone else other than patient please provide their details below:-

Full name of the person (representative) to be given online access to the Patients Medical Records:	
Date of birth:	
Contact number:	
Address:	
Email address (please print address):	
Relationship to patient:	

As a proxy for the patient, I wish to have online access to the services ticked in the boxes above, for the above-mentioned patient; and confirm that I have read and agree with the information on the opposite page. Please tick to agree

Signed by the representative:	Dated:
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All information is kept in the strictest of confidence, and in line with GDPR.

For Surgery use only - please tick and where applicable state what proof you have seen for the Patient			
EMIS number:		NHS number	
Vouching with info in record		Identity verified by (initials)	
Photo ID		Proxy access authorised by	
Proof of residence		Level of record access enabled	
Personal Vouching		Date granting from	

Please tick and where applicable state what proof you have seen for the Parent/Guardian/Representative			
Vouching with info in record		Personal Vouching	
Photo ID		Identity verified by (initials)	
Proof of residence			

Office: Please scan this form to medical records