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.

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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. Accessing the medical record for (name of patient) Section 3	
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I/we	,
 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	
 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	

Highfield Surgery

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
Address	Address (tick if both same address □)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For Reception Use:

Identity verified by (initials)	Date	Method of verification Vouching □ Vouching with information in record □ Photo ID and proof of residence □
The patient's NHS no	umber	The patient's EMIS number