

# Application for proxy access to online services

**Please complete this form in black ink and capital letters.**

**Consent to proxy access to GP online services (for parents, carers, etc)**

**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 (Patient to complete. NOT REQUIRED FOR UNDER 11s)

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

Date

Signature of patient

### Section 2

|  |  |
| --- | --- |
| 1. Online appointments booking |  |
| 2. Online prescription management |  |
| 3. Accessing the medical record for (name of patient) |  |

**Section 3 (representative / proxy to complete)**

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 |  |
| 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 |  |

Date/s

Signature/s of representative/s

**Patient ID Required**

Two original forms of identity from Appendix 1. One must be photo ID Birth certificate if under 12.

**Representative/Proxy ID Required**

Two original forms of identity from Appendix 1. One must be photo ID

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**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 / Proxy** (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  Postcode | Address (tick if both same address )  Postcode |
| Email | Email |
| Telephone | Telephone |
| Mobile | Mobile |

# For practice use only (check for patient and proxy requester)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The patient’s NHS number | |  | | |
| Identity verified by (initials) | Date | Method - patient  Vouching (Reg’d/usual Dr only)   Vouching with information in record (Reg’d/usual Dr only)   Two ID documents. One must be Photo ID (rec staff) – **attach copies**   Under 12s only birth certificate required  | | |
|  |  | Method – proxy requester  Vouching (Reg’d/usual Dr only)   Vouching with information in record (Reg’d/usual Dr only)   Two ID documents. One must be Photo ID (rec staff) – **attach copies**  | | |
| Proxy access authorised by (Reg’d Dr only)  Signature …………………………………………………………… | | | | Date |
| Date account created (by Kim only) | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  Prospective   Retrospective   All  Limited parts  Contractual minimum  | | | Notes / comments on proxy access | |

**Appendix 1 – Acceptable identity evidence**

Based on the requirements of GPG45, (Good Practice Guide 45 - Identity Proofing and Verification of an Individual) the options for presentation of documents are as follows:

* Two pieces of Level 3 evidence, or
* One piece of Level 3 evidence and one piece of Level 2 evidence.

From the acceptable identity evidence listed in table below. **In either case, one piece of evidence must include a photograph.**

**PLEASE TICK DOCUMENTS YOU ARE SUBMITTING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level 2 Identity Evidence** |  | **Level 3 Identity Evidence** |  |
| * Birth certificate |  | * Mortgage account |  |
| * Adoption certificate |  | * Buy to let mortgage account |  |
| * Marriage certificate |  | * Current account |  |
| * Firearm Certificate |  | * Bank credit account ( credit card) |  |
| * DBS Enhanced Disclosure Certificate |  | * Bank Savings Account |  |
| * HMG issued convention travel document |  | * Retail bank/credit union/building society |  |
| * HMG issued stateless person document |  | * Bank credit account ( credit card) |  |
| * HMG issued certificate travel |  | * Student loan account |  |
| * HMG issued certificate of identity |  | * Armed Forces ID Card |  |
| * Police warrant card |  | * Digital tachograph card |  |
| * Fire brigade ID card |  | * Northern Ireland Voters Card |  |
| * Buildings Insurance |  | * US passport card |  |
| * Contents insurance |  |  |  |
| * Vehicle insurance |  |  |  |
| * Mobile telephone contract account |  |  |  |
| * Non-bank savings account |  |  |  |
| * Freedom pass |  |  |  |
| * National 60+ bus pass |  |  |  |
| * An education certificate gained from an educational institution regulated or administered by public authority (e.g   GCSE, GCE, A Level, O Level) |  | * Passports that comply with ICAO 9303 (Machine Readable Travel Documents) |  |
| * An education certificate gained from a well-recognised higher education institution |  | * EEA/EU Government issued identity cards comply with Council Regulation (EC) No 2252 / 2004 |  |
| * Residential property rental or purchase agreement |  | * Proof of age card issued under the Proof of Age Standards Scheme (containing a unique reference number) |  |
| * Unsecured personal loan account (excluding pay day loans) |  | * EEA/EU full driving licences that comply with European Directive 2006/126/EC |  |
| * Proof of age card issued under the Proof of Age Standards Scheme (without a unique reference number) |  | * Secured loan account (including hire purchase) |  |
| * Unsecured personal loan account (excluding pay day loans) |  | Non-bank credit account (including credit/store/charge cards) |  |
| * UK asylum seekers Application Registration Card (ARC) |  |  |  |



Check list for access to online services

|  |  |
| --- | --- |
| **Online Appointments Only** | |
| * Complete application form in capital letters and black ink. |  |
| * Email address must be included and verification email acknowledged. |  |
| * Sign and date application form. |  |
| * No ID required. |  |

|  |  |
| --- | --- |
| **Online access to Repeat Prescriptions, Summary Care Record or Detailed coded Medical Records** | |
| * Complete application form in capital letters and black ink. |  |
| * Email address must be included and verification email acknowledged. |  |
| * Tick the services that you wish to access in section 2. |  |
| * Tick all statements relating to accessing your records online in section 3. |  |
| * Sign and date application form |  |
| * Submit application form with two forms of identity from Appendix 1. (original documents.) **One identity document must include a photograph.** |  |

## If you are new to the practice we will not be able to grant access to Detailed coded Medical Records until your medical records have arrived from your previous practice and been reviewed by your new GP. Sometimes this takes in excess of 12 weeks.

|  |  |
| --- | --- |
| **Proxy Access (For Parents & Carers)** | |
| * Complete consent to proxy access GP online services form in capital letters and black ink. |  |
| * Email address must be included and verification email acknowledged. |  |
| * Tick the services that you wish to access. |  |
| * Tick all statements relating to accessing online records. |  |
| * Form to be signed and dated by patients over 11 **and** proxy requestor. |  |
|  |  |
| **\*\*\*\* Identity documents are required for Patient and Representative / Proxy Requestor \*\*\*\*** | |
| **Patient** |  |
| Under 11 – Original birth certificate. |  |
| Adults - Two forms of identity from Appendix 1 (One identity document must include a photograph.) |  |
| **Representative / Proxy Requestor** |  |
| Two original documents of identity from Appendix 1 (One identity document must include a  photograph.) |  |