



HARDWICKE HOUSE GROUP PRACTICE

PROXY ACCESS Consent Form for 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.

Section 1

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

Signature of patient	Date
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Section 2. Please tick what level of access you would like your proxy user to have:

1. Online appointments booking and LIMITED access (allergies and medication).	
2. Online appointments booking and DETAILED access (allergies, medication, test results, immunisations and problems).	

Section 3

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: (please tick)

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/we 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)

First name
Surname
Date of birth
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.)

First name	First name
Surname	Surname
Date of birth	Date of birth
Address	Address (<input type="checkbox"/> tick is both same address)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only

The patient's NHS number		EMIS number
Identity verified by (full name)	Date	ID seen <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence
Proxy access authorised by		Date
Date account created		