



**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 (For the representative/proxy user 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: (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.)

What is your relationship to the patient? \_\_\_\_\_

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

#### Photo ID of the representative required

Identity verified by (full name)	Date	ID seen <input type="checkbox"/> Passport <input type="checkbox"/> Driving licence
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Photo ID of the patient giving proxy access OR if this is not possible because they are housebound, has a telephone conversation with the patient taken place?

- Photo ID seen
- Telephone conversation confirming with patient that they are aware and happy with proxy access taking place.

Name of staff that carried either of the above out \_\_\_\_\_

Date \_\_\_\_\_