

Consent to proxy access to GP online services for children aged 15 years and under.

Patients aged 11 to 15 years and all proxies, regardless of the patient's age, must sign this form in the presence of surgery staff.

Consent to proxy access to GP online services

Section 1

The patient: This is the person whose records are being accessed

Surname	Date of birth
First name	
Address	
Postcode:	
Telephone number	

The representatives: The people seeking proxy access to the patient's appointments and repeat prescriptions.

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both live at same address <input type="checkbox"/>)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile
Relationship to the Patient- please tick	Relationship to the Patient- please tick
Parent <input type="checkbox"/>	Parent <input type="checkbox"/>
Custody Order <input type="checkbox"/>	Custody Order <input type="checkbox"/>
Foster Carer <input type="checkbox"/>	Foster Carer <input type="checkbox"/>
Adoptive Parent <input type="checkbox"/>	Adoptive Parent <input type="checkbox"/>
Guardian <input type="checkbox"/>	Guardian <input type="checkbox"/>
Other (pls State)	Other (pls State)

**Patients 11-15yrs of age complete Section 2
Patients 10 years and under, go to Section 3**

Section 2 (11-15yrs of age) Patient to sign

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 2 of this form may be omitted.

I,..... (name of patient), give permission to the Elms Medical 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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To be completed by the patient – witnessed by a member of practice staff.

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical record for (name of patient)	<input type="checkbox"/>

Section 3 (10yrs and under) Proxies to sign

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	<input type="checkbox"/>
2. I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
5. I/we have legal responsibility for the patient as defined in law	<input checked="" type="checkbox"/>

Signature/s of parent/guardian/s	Date
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For practice use only STAFF MUST SIGN

Verify proxy's ID: If more than one person wants access to the child's record, please obtain ID from both parties.

PROXY 1:

Confirm photographic ID has been checked:		Passport <input type="checkbox"/>
		Picture driving licence <input type="checkbox"/>
Legal proof of parental responsibility verified by (initials)	Date	Court appointed deputy <input type="checkbox"/>
		Adoption Papers <input type="checkbox"/>
		Birth Certificate stating parental responsibility <input type="checkbox"/>
		Other (specify):

PROXY 2:

Confirm photographic ID has been checked:		Passport <input type="checkbox"/>
		Picture driving licence <input type="checkbox"/>
Legal proof of parental responsibility verified by (initials)	Date	Court appointed deputy <input type="checkbox"/>
		Adoption Papers <input type="checkbox"/>
		Birth Certificate stating parental responsibility <input type="checkbox"/>
		Other (specify):

Confirmation of Access:

Please put in Liz's tray for approval

Liz agrees access: Date enabled on computer:

Liz refuses access- ask Emma to send the patient a letter.

Send form to scanning to go on patient's record.