

# 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 should be completed on their behalf.

## Section 1 – (The Patient)

I, ..... (name of patient), give permission to my GP practice, **Sefton Park Medical Centre**, to give the following person / people proxy access to the online services as indicated below in **Section 2**.

1. .... (name of 1<sup>st</sup> proxy)

2. .... (name of 2<sup>nd</sup> proxy)

- ✓ I reserve the right to change my decision 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
Surname	Date of birth
First name	NHS Number
Address	Postcode
Email address	Phone number

## Section 2 – (Access Levels)

There are several different sections to your medical record, and you can choose which ones you would like to enable proxy access to. Tick the options below you are requesting access to for the proxy user:

It is possible to request that individual consultations and documents are hidden from online visibility. If you request this neither you nor the proxy user will be able to see it online. It will still be visible by healthcare professions viewing your record.

	Request access
Appointment Bookings	
Online Prescription Management	
Demographics (name, address, date of birth, phone number, email etc )	
Allergies	
Medication	
Test Results	
Documents	
Immunisations	
Problems	
Consultations	

It is important to remember that you can change your mind regarding any of these choices, at any time.

## Section 3 - (The Representatives requesting proxy access)

I/we wish to have online access to the services ticked in the box above in **Section 2**.

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (if different)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

## Stated reason for Proxy Access request

### Either:

**One** of these reasons if the patient *is able* to consent:

I have been asked to act by the patient	<input type="checkbox"/>
I have full parental responsibility for the patient who is under the age of 18 and has consented to my making this request	<input type="checkbox"/>

### Or:

**One** of these if the patient is *unable* to consent:

I/We have been appointed by the Court to manage the patient's affairs and attach a certified copy of the court order appointing me to do so	<input type="checkbox"/>
I am/We are acting <i>in loco parentis</i> and the patient is incapable of understanding the request	<input type="checkbox"/>

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"/>

I declare that the information given by me is correct to the best of my knowledge and that I am entitled to apply for access to the health records referred to above under the terms of the [Data Protection Act 2018](#).

**You are advised that the making of false or misleading statements in order to obtain personal information to which you are not entitled is a criminal offence which could lead to prosecution.**

Signature/s of proxy/s	Date

## For Practice Use Only

### Patient ID

Identity verified by (staff name)	Date	Method of verification
		<input type="checkbox"/> Vouching by staff member <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence

### Proxy ID

Identity verified by (staff name)	Date	Method of verification
		<input type="checkbox"/> Vouching by staff member <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence

### Set-up Confirmation

Proxy access authorised by:	Date:
Date account created:	Date passphrase sent:
Confirm access set-up as per choices in Section 2	
Notes / comments on proxy access	