



APPENDIX B2

Patient Online 'Proxy' Access Request form (Age 11-15) Access to GP online services

Proxy Access refers to giving a third party access to online services on behalf of a patient. Family members or carers can access a patient's medical records online only in circumstances where the patient has consented to this, or if the patient lacks capacity and the applicant can provide evidence that they have been granted the power to manage the patient's affairs.

Parents/guardians of children age 11-15 may request proxy access to their records but this will need to be authorised by the patient subject to a Gillick competency test being completed. *Please note there is a separate form for applying for proxy access for persons aged 0-10 and age 16+ (see appendix B1).*

THE PATIENT (this is the person whose records you are requesting proxy access for)

Surname			
First name			
Date of birth			
Address			
Postcode			
Telephone number		Mobile number	

SECTION 1 I, (name of patient)

give permission to my GP practice, to give proxy access to the online services as indicated in Section 2 below, to the following person/people for the term of 18 months then permission must be granted again:

.....
.....

- ✓ 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

<i>Signature of patient</i>	<i>Date</i>
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SECTION 2

(Please tick box of the services you wish to give proxy access to)

Online appointment booking	
Online prescription management	
Access to my summary care record (allergies & medication)	
Access to my detailed coded medical records	

SECTION 3

I / we (see details below) wish to apply to have proxy access to the online services ticked in Section 2

for (name of patient)

Representative 1

Representative 2

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address
Post code	Post code
Tel no.	Telephone no.
Mobile no.	Mobile no.

1. I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential
2. I will be responsible for the security of the information that I see or download
3. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement
4. If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible. I will treat any information which is not about the patients as being strictly confidential

I understand my responsibility for safeguarding sensitive medical information and I understand and agree with each of the above statements:

Representative 1

Representative 2

Signature	Signature
Date	Date

The practice follows NHS England guidance and requires two forms of identification in order to register for online services as evidence of identity and one of these must contain a photo e.g. passport, driving licence, bank statement.

To ensure the highest level of security, we require patients requesting access to their medical record, who have already signed up to repeat prescriptions and/or appointments and/or summary care record, to again show two forms of identification again in order to have this access extended to detailed coded medical record access.

For practice use only

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Representative 1 (of child age 11-15)	NHS number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>
Authorised by		Date
Date proxy access granted	Level of record access enabled <input type="checkbox"/> Online appointment booking <input type="checkbox"/> Online prescription management <input type="checkbox"/> Access to Summary Care Record <input type="checkbox"/> Access to Detailed Coded Record	
Date representative notified		

Representative 2 (of child age 11-15)	NHS number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/>
Authorised by		Date
Date proxy access granted	Level of record access enabled <input type="checkbox"/> Online appointment booking <input type="checkbox"/> Online prescription management <input type="checkbox"/> Access to Summary Care Record <input type="checkbox"/> Access to Detailed Coded Record	