

# GP Online Services Proxy Access Consent Form

Sign up to GP online services and you'll be able to use a website or app to:

- · Book or cancel appointments online with a GP or nurse
- Order repeat prescriptions online
- Message the practice directly
- View GP records, including information about medication, allergies, vaccinations, previous illnesses and test results
- View clinical correspondence such as hospital discharge summaries, outpatient appointment letters and referral letters

Please complete this form and bring into the surgery or e-mail <a href="mailto:waterfoot.medicalpractice@nhs.net">waterfoot.medicalpractice@nhs.net</a>. Photo ID (passport or driving licence) needs to be viewed at the surgery on collection or on return of this application form.

#### What is 'Proxy Access'?

Patients may choose to use online services for appointment booking, ordering repeat prescriptions or access to their records. They may choose to share their account credentials with family, friends and carers (including a care home) but as part of their access application they must be advised of the risks associated with doing this. Proxy access is the recommended alternative to sharing login details where a named individual is given their own set of login details for to access the records of another patient.

**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.

Proxy access applications will not be accepted from any third-party commercial company i.e. Insurance company or solicitors.

**Proxy Access:** Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of 11. Any subsequent proxy access will need to be authorised by the patient subject to a Gillick competency test being completed.

l	(name of patient), give permission to my GP
practice to give the following people	proxy access
to the online services indicated below.	

- 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

Patients Signature: Date:			
	Patients Signature:	Date:	

The Patient (This is the person whose records are being accessed)			
First Name		Surname	
Date of Birth			
Address			
Home Telephon Number	e	Mobile Telephone Number	
Email			
	tives (These are the peor r repeat prescription.)	ople seeking proxy access to the patient's online records,	
Title	First Name	Surname	
Date of Birth			

Title First Name Surname  Date of Birth  Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number  Email  Title First Name Surname  Date of Birth  Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number	арропши	ents or repeat prescription.	•)	
Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number  Email  Title First Name Surname  Date of Birth  Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number	Title	First Name	Surname	
Address  Home Telephone Number Mobile Telephone Number  Email  Title First Name Surname  Date of Birth  Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number	Date of Bi	rth		
Home Telephone Number  Email  Title First Name Surname  Date of Birth  Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number	Relations	hip to the patient		
Email  Title First Name Surname  Date of Birth  Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number	Address			
Title First Name Surname  Date of Birth  Relationship to the patient  Address  Home Telephone Number Mobile Telephone Number	Home Tel	ephone Number	Mobile Telephone Number	
Date of Birth  Relationship to the patient  Address  Home Telephone Number  Mobile Telephone Number	Email			
Relationship to the patient  Address  Home Telephone Number  Mobile Telephone Number	Title	First Name	Surname	
Address  Home Telephone Number  Mobile Telephone Number	Date of Bi	rth		
Home Telephone Number Mobile Telephone Number	Relations	hip to the patient		
	Address			
Email	Home Tel	ephone Number	Mobile Telephone Number	
	Email			

The following list is the information you will automatically be able to access once you have submitted this form:

- Book and cancel appointments with a GP and Advanced Nurse Practitioner
- Order repeat prescriptions
- Message the practice directly
- View medication list
- View allergy list

	w is a list of additional options e you would like access to:	available to you to view	. Please	tick to confirm	which of
	■ Laboratory test results				
	Clinical correspondence / do	ocuments			
	Immunisation history				
	Past and present problems				
	n to access my medical records ments <i>(please tick):</i>	online and understand an	d agree v	vith each of the	following
	I / we have read and understood the information leaflet provided by the practice				
	I / we will be responsible for the security of the information that I / we see or download				
	I / we will contact the practice as soon as possible if I / we suspect that the account has been accessed by someone without agreement				
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.				0	
Signature/s of representative/s:					
		For practice use only	y		
Pa	itient EMIS number:				
Ide	entity verified by:	Date:	Method		
(in	itials)		Vouchir	ng	
			Photo II	D	
			Already	an online user	. 🗖
Pr	oxy access granted by:			Date	

## Accessing GP Records Patient Information Leaflet

Practices are increasingly enabling patients to be able to request repeat prescriptions and book appointments online.

Some patients may wish to access more information for example medications, allergies and adverse reactions as a minimum.

However this requires additional considerations as outlined in this leaflet. You will be asked that you have read and understood this leaflet before consenting and applying to access your records online. The practice will also need to verify your identity.

#### Please note:

- It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.
- If you can't do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.
- If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn't use them responsibly.

#### **Key considerations**

#### Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

#### Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

### Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

#### Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

#### Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

#### Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

#### More information

For more information about keeping your healthcare records safe and secure, search online for 'Protecting your GP online records Patient Guide'