Consent for Online Proxy Access

You need to have a computer or electronic device to be granted this access. Please note that the Practice has the discretion to deny this, if it is not in the interest of the patient.

Please read this form very carefully to ensure you complete the correct sections required, as there are different types of proxy access.

- **If you are a patient over 16 years old, have mental capacity and want to give someone online access to your medical records, please complete SECTIONS 1 and 3, 4 & 5.**
- **If you are requesting access to a patient's notes and they are 16 years old or over and lack mental capacity, please complete SECTIONS 2, 3, 4 & 5.**
- **If you are the parent/guardian of a child between 0-10 years old, please complete SECTIONS 2, 3, 4, 5 & 6.**
- **If you are the parent/guardian of a child between 11-15 years old, they have mental capacity and you have already discussed this request to have access with them, please complete SECTIONS 2, 3,4,5,6,& 7.**
- **If you are the parent/guardian of a child between 11-15 years old, they lack mental capacity and you have already discussed this request to have access with them, please complete SECTIONS 2, 3,4,5,6,& 8.**
-

Section 1 for patient to complete

I (Print name of patient), …………………………………………………………………………………………… give

permission to the following people, proxy access to my medical record as indicated in SECTION 4

Print name: ……

Print name: ……

- 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

Section 2 for representative/proxy to complete

(Print names of representatives) I/we…………………………………………………………………………………………………

Wish to have proxy access to the services ticked in the box above in section 2

(Print name of patient) for …………………………………………………………………………………………………

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	☐
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 will treat any information which is not about the patient as being strictly confidential	☐

Signature/s of representative/s	Date

Section 3 – Tick the boxes below if you want to give someone else access to or if you are applying for proxy access tick the boxes of what you would like access to?

Booking appointments	☐
Prescription ordering	☐
Accessing my medical record	☐

Section 4 - Complete patient details here

This is the person whose records are being requested to access

Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Landline telephone number	Mobile number

Section 5 - Complete this section if you are a representative/Proxy applicant

This is the person/s seeking proxy access to the patient's medical records, appointments or prescription ordering.

Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address ☐)
Postcode	Postcode
Email address	Email address
Landline telephone number	Landline telephone number
Mobile	Mobile

Please provide evidence of address and photo ID

Proof of residence and Photo ID provided	YES (needs to be verified by Patient Advisor)

Section 6 - Relationship to patient

Please select one of the choices below that represents your relationship to the child.

A – Parent	
1. Are you living with the patient?	YES/NO
2. Are you named on the birth certificate?	YES/NO. If no answer question 3
3. Are you separated or a divorced parent of the child you are applying proxy for?	YES/NO. If no answer question 4
4. Do you have written permission from the custodial parent to have proxy access?	YES/NO. If no we cannot grant you proxy access.
B – Carer I am their carer in a care home	YES
C - Guardian Have you been granted rights by the courts?	YES/NO. If no we cannot grant you proxy access. If yes, please provide court evidence.
D – Power of Attorney Have you got Power of Attorney?	YES/NO. If yes we will need to see proof of this to grant proxy access.

Section 7 - To be ticked by applicants for a child between 11-15 years old

The child has mental capacity and I have discussed this request with them who is aged between 11-15 years old. They understand that they will need to book a 10 minute, in person appointment with a doctor, to speak discuss this request with them. An adult can bring the patient to the appointment, however the patient will need to see the doctor unaccompanied, in the consultation ☐

Section 8 – To be ticked by the applicant where the child is deemed to lack mental capacity who is aged between 11-15 years old ☐

(The doctor will decide by looking at the medical records whether a discussion in person is required)

FOR GP SURGERY COMPLETITON ONLY - GP - Tick only one of the boxes below that is appropriate for you granting/denying proxy access. Pass back to **ADMIN TEAM** when the decision has been made.

If a child is aged 11-15 years old this part must be completed by GP who assessed patient after appointment		
Patient not Gillick competent/or able to give their consent – code added to EMIS – Proxy access given to applicant until 16.	PROXY GIVEN	GP print name Date
Agreed with patient aged 11-15 years old to not give access to anyone else except them. (Advise patient to inform applicant not successful)	PROXY DENIED	GP print name Date
Patient aged 11 – 15 has discussed with doctor and access has been agreed by patient to give Proxy	PROXY GIVEN	GP print name Date

Admin team to complete only

Patient is over 16 years old and has mental capacity – access granted to proxy	PROXY GRANTED	Admin print name Date

Access granted by Administrator print name …………………………………………………………………………………………

Password emailed – YES/NO

Date ……………………………………………………………………………………..