

**Consent to proxy access to GP online Services (Children under 11 )**

**Section 1**: **To be completed by the Parent/ person with parental responsibility**

I………………………………………………………………….(Name of parent or person with parental responsibility) wish to have online access to the services ticked in the box below

for……………………………………………………………………(Name of patient) DOB:……………………………..

|  |  |
| --- | --- |
| Booking appointments |  |
| Requesting repeat medication |  |

**I understand and agree with each of the following statements:**

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential |  |
| I will be responsible for the security of the information that I see or download |  |
| I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without the agreement of the patient |  |
| 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 patient as being strictly confidential.  |  |
| I understand my responsibility for safeguarding medical information |  |

|  |  |
| --- | --- |
| Signature of parent/person with parental responsibility: | Date: |

**Section 2:**

**The patients details (details of the persons records to be accessed)**

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| --- |
| Name: |
| Date of birth: |
| Address & postcode: |
| Email address: |
| Contact Number: |

**Section 3:**

**The Representative (proxy user who will be accessing the patients records)**

|  |
| --- |
| Name: |
| Date of birth: |
| Address & postcode: |
| Email address: |
| Telephone Number: |
| Mobile Number: |
| Relationship to patient: |

**Section 4:**

**For Practice use**

|  |
| --- |
| **Patients NHS number:** |
| **Patients Emis ID:** |
| **Patient/Parent Identity verified by:**  **Date:**Photo ID (please detail form of original ID provided)**1: Form of ID provided (patient) e.g. passport:****2: Form of ID provided (proxy user) e.g. passport:** |
| **Proxy access authorised by: Date:** |
| **Date account created:** |
| **Date PIN/passwords sent:** |
| **Level of access enabled:**Appointments Requesting repeat prescriptions Notes: |