# TOPCLIFFE SURGERY: APPLICATION FOR PROXY ONLINE SERVICES

PLEASE READ: TOPCLIFFE SURGERY ONLINE SERVICES PATIENT INFORMATION LEAFLET BEFORE COMPLETING THIS FORM. (Proxy services are currently not available via the NHS App).

**NB**: If the patient does not have capacity to consent to grant proxy access (eg Children under the age of 12 or patients with a nominated medical power of attorney) and proxy access is considered by the practice to be in the patient's best interest, section 1 of this form may be omitted.

If, as a parent, you are applying for access to your child's records, we will need you to confirm your parental rights. If your child is competent and able to understand the implications of your access (usually children over the age of 12 years), then we will need to get their consent first even if they are under 16 years of age.

**Section 1**

I,…….. (name of patient), give permission to my GP practice to give the following person…..…….. proxy access to the online services as indicated below in section 2.

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.

| | |
|---|---|
| Signature of patient: | Date: |

**Section 2**

| | |
|---|---|
| 1. Online appointments booking | ☐ |
| 2. Online prescription management | ☐ |
| 3. Accessing the medical record for (name of patient) | ☐ |

**Section 3**

I…….. (name of representative) wish to have online access to the services ticked in the box above in section 2

for ……..…… (name of patient).

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

| | |
|---|---|
| 1. I have read and understood the information leaflet provided by the practice | ☐ |
| 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 | ☐ |

| | |
|---|---|
| Signature of representative seeking proxy access: | Date: |

If as a parent you are applying for access to your child's records (the patient), please confirm your parental responsibility. At least one of the following must apply and your parental rights must not have been removed by the courts. Please tick to indicate which apply:

PLEASE TICK **ONE** OF THE FOLLOWING 4 STATEMENTS:

| | |
|---|---|
| 1. Your name is on the birth certificate | ☐ |
| 2. If you are the father, you were married to the mother at the time of birth | ☐ |
| 3. You have been granted parental rights by the courts | ☐ |
| 4. If you are the father, you have the agreement of the mother | ☐ |

**AND:**

| | |
|---|---|
| **I confirm that my parental rights have not been removed by the courts** | ☐ |

Signature of parent: …… Date: ……

## The patient: **This is the person whose records are being accessed.**

| | |
|---|---|
| Surname: | Date of birth: |
| First name: | |
| Address:<br><br>Postcode: | |
| Email address: | |
| Telephone number: | Mobile number: |

## The representative:

**This is the person seeking proxy access to the patient's online records, appointments or repeat prescription. The account will be set up using one email address and one mobile telephone number. <u>Please complete a separate application form if more than one proxy account is required (eg If two parents require proxy access).</u>**

| |
|---|
| Surname: |
| First name: |
| Date of birth: |
| Address:<br><br>Postcode: |
| Email address: |
| Mobile telephone number: |

# For practice use only

<table>
<tr><td colspan="2">The patient's NHS number:</td><td colspan="2">The patient's practice computer ID number:</td></tr>
<tr><td>Identity verified by (initials):</td><td>Date:</td><td colspan="2">Method (TWO forms of ID needed: Photo & Address):<br>Vouching with information in record ☐<br>passport ☐<br>driving licence ☐<br>bank statement ☐<br>other (please record) ☐</td></tr>
<tr><td colspan="3">Proxy access authorised by:<br><br>PLEASE NOTE THIS MUST BE A GP PARTNER</td><td>Date:</td></tr>
<tr><td colspan="3">Date Email verification requested:</td><td></td></tr>
<tr><td colspan="3">Date Email verification received:</td><td></td></tr>
<tr><td colspan="4">Date account created and emailed out:</td></tr>
<tr><td colspan="4">Date passphrase issued manually (where applicable):</td></tr>
<tr><td colspan="2">Level of record access enabled<br><br>Appointments ☐<br>Repeat Prescriptions ☐<br>Medication ☐<br>Allergies ☐<br>Other, please specify ☐</td><td colspan="2">Notes / comments on proxy access</td></tr>
</table>