Consent to Proxy Access to GP Online Services

Note: If the patient does not have the capacity to grant proxy access and if proxy access is considered by the practice to be in the best interest of the patient, this form may be completed.

Please tick if you are completing the form for the patient as they do not have the capacity to grant proxy access	
Please tick if you are completing this form yourself for access to others	
Please tick if you are completing this form for a patient under the age of 16 years	

Name of the patient:

Date of birth of the patient:

give's permission to the GP practice to give the following people proxy access to my online services:

Name	**Date of Birth**	**Relationship to the patient**

I understand and agree with each statement below (Please tick all that apply)	
1. I reserve the right to reverse any decision I make in granting proxy access at any time	
2. I understand the risks of allowing someone else to have access to my medical records	
3. I have read and understood the information leaflet provided by the practice	
4. I will be responsible for the security of the information that I see or download	
5. If I choose to share this information with anyone else, it is at my own risk	
6. I will contact the practice as soon as possible if I suspect that someone has accessed my online account within my agreement	
7. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible	
8. I understand the responsibility for safeguarding sensitive medical information, and I understand and agree with all the above statements	

STAFF ONLY: If parent has online access already – we need to verify that they are the parent to the child. We require the child's birth certificate. If the parent does not have online access, they will need to complete a form and bring in photo ID and proof of address along with the child's birth certificate. If the patient does not have capacity, we require Power of Attorney.

Initials of staff member	**Signature**	**Date**	**Please confirm what ID you have seen (e.g. passport/utility bill – needs to be one of each. Bank cards are not a form of ID)**