

LAPWORTH SURGERY

Consent to proxy access to GP online services Adults aged 16+

All applications for proxy access will be assessed on an individual basis by the Practice Manager and the Partners.

Proxy will be notified by Surgery of decision within 21 days.

Section 1- Patient Details

Surname	Date of birth
First name	
Address	
	Postcode
Telephone number	Mobile number

Section 2 – Services Requested

Online appointments booking	<input type="radio"/>
Online prescription management	<input type="radio"/>
Updating my contact details (demographics)	<input type="radio"/>
Secure online access to my full electronic GP record <i>Are you absolutely sure you wish to enable this?</i>	<input type="radio"/>

Section 3 – Patient Consent

Notes: If the patient is unable to provide informed consent to allow proxy access (e.g. has severe dementia, learning difficulties etc.) then go to section 4.

- I hereby give permission to my GP Practice to give the person(s) listed in section 5 proxy access to the above-indicated online services on my behalf
- 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 proxy access to my health records, should I have authorised this

Signature of patient	Date
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Section 4 – Unable to give informed consent

Please indicate why this is not possible, whether LPA is in force etc.:

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Section 5 – Proxy User(s)

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	o
2. I/we will be responsible for the security of the information that I/we see or download	o
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	o
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	o

Proxy User 1

Full Name:	
DOB:	
Address:	
Tel. No:	
Email address:	
	Are you already registered at Lapworth Surgery for GP online services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to patient:	

Signature of representative (Proxy User 1)	Date
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Proxy User 2

Full Name:	
DOB:	
Address:	
Tel. No:	
Email address:	
	Are you already registered at Lapworth Surgery for GP online services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to patient:	

Signature of representative (Proxy User 2)	Date
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Consent to proxy access to GP online services – Adult Proxy

For practice use only

ID FOR ALL PARTIES REQUIRED

The patient's NHS number		The patient's EMIS ID number	
Patient Identity verified by (initials)	Date	Photo ID Is this a photo of the patient requesting access? <input type="checkbox"/> Passport <input type="checkbox"/> Expiry Date: _____ Photo Driving Licence <input type="checkbox"/> Expiry Date: _____	Letter with name and address Dated in last 3 Months <input type="checkbox"/> Address Confirmed <input type="checkbox"/>
Proxy User 1 Identity verified by (initials)	Date	Photo ID Is this a photo of the patient requesting access? <input type="checkbox"/> Passport <input type="checkbox"/> Expiry Date: _____ Photo Driving Licence <input type="checkbox"/> Expiry Date: _____	Letter with name and address Dated in last 3 Months <input type="checkbox"/> Address Confirmed <input type="checkbox"/>
Proxy User 2 Identity verified by (initials)	Date	Photo ID Is this a photo of the patient requesting access? <input type="checkbox"/> Passport <input type="checkbox"/> Expiry Date: _____ Photo Driving Licence <input type="checkbox"/> Expiry Date: _____	Letter with name and address Dated in last 3 Months <input type="checkbox"/> Address Confirmed <input type="checkbox"/>
<p>Remind proxy that the patient's GP <i>might</i> need to discuss this application further with either the patient, or the proxy, or both</p> <p>Proxy access will be automatically activated once GP has approved application</p>			
Proxy access authorised by			Date
Date account created			
Date passphrase sent/handed out			
Level of record access enabled		Notes / comments on proxy access	
Appointments <input type="checkbox"/> Repeat Prescriptions <input type="checkbox"/> Medication <input type="checkbox"/> Allergies <input type="checkbox"/> Other, please specify <input type="checkbox"/>			