

## LAPWORTH SURGERY

### Consent to proxy access to GP online services – Child Proxy

#### Child Details

|                   |               |
|-------------------|---------------|
| Surname           | Date of birth |
| First name        |               |
| Address           |               |
| Postcode          |               |
| Telephone number: |               |

#### Proxy User Application

##### Please Note:

Children aged **11 – 15** can:

- 1) Access their own GP services online
- 2) Allow a parent/carer/guardian access to some or all services (proxy access)
- 3) Allow a combination of 1) + 2)

The child's GP may need to discuss online access with him/her and/or any proxy applying for access on the child's behalf

#### Adult acting on behalf of the child

I wish to access to the following below services on behalf of the above-named child.

##### I have parental responsibility.

Please tick one of the below:

- I am the birth mother
- I am the birth father and married to the mother at the time of child's birth or subsequently
- I am the birth father and *not* married to the mother, but the child
  - was born after 01/12/2003 *and*
  - my name is on the birth certificate
- I am an adoptive parent
- I am the child's legal guardian
- I have court-appointed parental responsibility
- Other – please specify: \_\_\_\_\_

**I wish to have access to the following online services for the above patient  
(please tick all that apply):**

|                                                                            |                          |
|----------------------------------------------------------------------------|--------------------------|
| Booking appointments                                                       | <input type="checkbox"/> |
| Requesting repeat prescriptions                                            | <input type="checkbox"/> |
| Updating contact details (demographics)                                    | <input type="checkbox"/> |
| Secure online access to the child's electronic GP record                   | <input type="checkbox"/> |
| <i>(A GP Review will be required for this And will take up to 21 days)</i> |                          |

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- I will be responsible for the security of the information that I see or download
- If I choose to share information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement
- If I see information in the record that is inaccurate, I will contact the practice as soon as possible

### Proxy User 1

|                |                                                                                                                                           |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name:     |                                                                                                                                           |
| DOB:           |                                                                                                                                           |
| Address:       |                                                                                                                                           |
| Tel. No:       |                                                                                                                                           |
| Email address: |                                                                                                                                           |
|                | Are you already registered at Lapworth Surgery for GP online services?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Signature:     |                                                                                                                                           |
| Date:          |                                                                                                                                           |

### Proxy User 2

|                |                                                                                                                                           |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name:     |                                                                                                                                           |
| DOB:           |                                                                                                                                           |
| Address:       |                                                                                                                                           |
| Tel. No:       |                                                                                                                                           |
| Email address: |                                                                                                                                           |
|                | Are you already registered at Lapworth Surgery for GP online services?<br><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Signature:     |                                                                                                                                           |
| Date:          |                                                                                                                                           |

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#### For practice use only

ID FOR ALL PARTIES REQUIRED

|                                                                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                          |                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| The patient's NHS number                                                                                                                                                                                                                                    |                                  | The patient's EMIS ID number                                                                                                                                                                                                             |                                                                                                                                      |
| Identity verified by (initials)                                                                                                                                                                                                                             | Date                             | <b>Photo ID</b><br>Is this a photo of the patient requesting access? <input type="checkbox"/><br><br>Passport <input type="checkbox"/><br>Expiry Date: _____<br><br>Photo Driving Licence <input type="checkbox"/><br>Expiry Date: _____ | <b>Letter with name and address</b><br>Dated in last 3 Months <input type="checkbox"/><br>Address Confirmed <input type="checkbox"/> |
| Identity verified by (initials)                                                                                                                                                                                                                             | Date                             | <b>Photo ID</b><br>Is this a photo of the patient requesting access? <input type="checkbox"/><br><br>Passport <input type="checkbox"/><br>Expiry Date: _____<br><br>Photo Driving Licence <input type="checkbox"/><br>Expiry Date: _____ | <b>Letter with name and address</b><br>Dated in last 3 Months <input type="checkbox"/><br>Address Confirmed <input type="checkbox"/> |
| Proxy access authorised by                                                                                                                                                                                                                                  |                                  |                                                                                                                                                                                                                                          | Date                                                                                                                                 |
| <b>PLEASE NOTE THIS MUST BE A GP PARTNER IF OVER 11+ YEARS</b>                                                                                                                                                                                              |                                  |                                                                                                                                                                                                                                          |                                                                                                                                      |
| Date account created                                                                                                                                                                                                                                        |                                  |                                                                                                                                                                                                                                          |                                                                                                                                      |
| Date passphrase sent/handed out                                                                                                                                                                                                                             |                                  |                                                                                                                                                                                                                                          |                                                                                                                                      |
| Level of record access enabled<br><br>Appointments <input type="checkbox"/><br>Repeat Prescriptions <input type="checkbox"/><br>Medication <input type="checkbox"/><br>Allergies <input type="checkbox"/><br>Other, please specify <input type="checkbox"/> | Notes / comments on proxy access |                                                                                                                                                                                                                                          |                                                                                                                                      |

*Parental responsibility:*

- If the birth mother
- If the birth father and married to the mother at the time of child's birth or subsequently
- If the birth father and *not* married to the mother, but the child
  - was born after 01/12/2003 *and*
  - father's name is on the birth certificate
- If an adoptive parent
- If the child's legal guardian
- If has court-appointed parental responsibility