FOUNDRY
HEALTHCARE LEWES

Online Access Registration Form: Proxy Access

***Note**: If the patient **does not have capacity** to consent and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted. Please speak direct to Reception on this occasion.*

The Patient (Child aged 0-15) *(this is the person whose records are being accessed)*

Full name		Date of Birth	
Address		Current Age	
		Home Tel	
		Mobile No	
Postcode		Email address	

Section 1: (To be completed by the patient if aged 11-15)

I, …… (name of patient) give permission to my GP practice to give …….. 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.
- I have read and understand the information leaflet provided by the practice.

Section 2: (To be completed by the patient if aged 11-15)

Please indicate below which services you allow access to.

Requesting repeat prescriptions	☐
Booking appointments	☐
Viewing summary information from medical records for *(name of patient)* ……..	☐

Signature of patient:		Date:	

Section 3: (To be completed by Parent/Carer of patient aged 0-15)

I/we……*(names of representative/s)* wish to have online access to the services ticked above for …….. *(name of patient)*. 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 understood the information leaflet provided by the Practice and agree I/we will treat the patient information as confidential	☐
2. I will be required to provide photographic identification of myself before I can access online services (e.g. driving license, passport, identity card, etc) and a birth certificate of the patient	☐
3. I/we will be responsible for the security of the information I/we see or download	☐
4. 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	☐
5. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	☐

6. If I see information in my record that is not about me, or is inaccurate, I will log out immediately and contact the practice as soon as possible. I/we will treat any information which is not about the patient as being strictly confidential	☐
7. I/we will be responsible to notify the Practice of any change in my/our contact details	☐
8. I consent to receiving SMS Text messages from the surgery	☐
9. I consent to receiving e-mails from the surgery	☐
10. Online services are provided at the discretion of the practice and may be withdrawn by the practice at any time. I/we understand that the practice reserves the right to withdraw my access to online services if I/we misuse this service	☐
11. Please note: proxy online access will <u>cease on child's 11th Birthday.</u> The patient will need to come to the surgery with ID to reactivate this service with their own name	☐

Signature(s) of representative(s):		Date	

I would like access to Detailed Coded Information: YES/NO*delete as appropriate

The Representative(s) *(these are the people seeking proxy access to the patient's online record, appointments and/or repeat prescriptions)*

Full name		Date of Birth	
Relationship to Patient			
Address		Home Tel	
		Mobile No	
Postcode		Email address	

Full name		Date of Birth	
Relationship to Patient			
Address		Home Tel	
		Mobile No	
Postcode		Email address	

For practice use only:

Identity verified through (tick all that apply)	Vouching ☐ Vouching with information in record ☐ Photo ID ☐ Form of ID _____ Proof of residence ☐	Name of verifier:	Date:
Patient lacks capacity- Proxy to remain indefinitely :	Note: If patient lacks capacity and the proxy access needs to remain indefinitely, the Consent form will need to go for a GPs approval before being put into place.		
Level of access enabled: Prospective ☐ Retrospective ☐ All ☐ Limited parts ☐ Contractual minimum ☐			