# 

**Request for proxy for child 0-11 years for access to GP online services**

**Please note you must be set up with online access yourself to have proxy access for your child.**

**Section 1**

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

**Section 2**

I……………………………………………(names of parent/guardian) wish to have online access to the services ticked in the box above in section 1 for ……………………………………….……… (name of child).

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

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I/we see or download | 🞏 |
| 1. I will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement | 🞏 |
| 1. 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. I will treat any information which is not about the patient as being strictly confidential | 🞏 |

|  |  |
| --- | --- |
| Signature of parent/guardian | Date |

**Section 3**

**The patient**

(This is the person whose records are being accessed)

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |

**Details of Parent/Guardian**

(These are the people seeking proxy access to the patient’s online records, appointments or repeat prescriptionn.)

|  |
| --- |
| Surname |
| First name |
| Date of birth |
| Address  Postcode |
| Email (needed for acce ss to be sent to) |
| Telephone |
| Mobile |

**For practice use only**

|  |  |  |  |
| --- | --- | --- | --- |
| The patient’s NHS number | | The patient’s practice computer ID number | |
| Identity verified by  (initials) | Date | Method of verification  Vouching 🞏  Vouching with information in record 🞏  Photo ID and proof of residence 🞏 | |
| Proxy access authorised by | | | Date |
| Date account created | | | |
| Date passphrase sent | | | |
| Level of record access enabled    Prospective 🞏  Retrospective 🞏  All 🞏  Limited parts 🞏  Contractual minimum 🞏 | | Notes / comments on proxy access | |