**A logo with text overlay

Description automatically generated with medium confidence**

**CONSENT TO PROXY ACCESS TO GP ONLINE SERVICES**

**Note**: If the patient does not have the capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient’s best interest section 1 of this form may be omitted.

**SECTION 1 – THE PATIENT**

|  |
| --- |
| **Patient name (as on medical records):** |
| **Date of birth:** |
| **Postcode:** |

I, the above listed patient give permission to my GP practice to give the people listed in section 2, proxy access to the online services as indicated below.

**Services:**

Online appointments booking

Online prescription management

Accessing the medical record from (Date):

**Agreement:**

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.

**Signature of patient:**

**Date:**

**SECTION 2 – THE PROXY USER/S**

The below listed individuals wish to have online access for the patient list listed in section 1, to the services ticked in the boxes above (also section 1).

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

|  |  |
| --- | --- |
| I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential. |  |
| I/we will be responsible for the security of the information that I/we see or download. |  |
| 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. |  |
| 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. I will treat any information which is not about the patient as being strictly confidential. |  |

**Person 1:**

|  |
| --- |
| Name (as on medical records): |
| Date of birth: |
| Gender: |
| Address: |
| Email: |
| Mobile: |
| GP Practice: |
| Do you already use the NHS app for your own health record? Yes  No |
| Signature: |
| Date: |

**SECTION 3 - FOR PRACTICE USE ONLY**

|  |
| --- |
| Form received on (Date): |
| Proxy authorized for Person 1  Person 2  Person 3 |
| Proxy access authorized by: |
| Date: |