**Consent to proxy access to GP online services**

Should you wish to consent for a nominated person to be able to access your GP online services, please indicate this on the form below.

By completing this form, the following should be noted:

* The person granting access to a proxy must fully complete and sign the form
* Any incorrectly completed forms will not be processed and will be returned to the person making the application
* This form does not permit any named individual to make healthcare decisions on behalf of the named patient
* This practice may contact you should there be any concern

**Disclaimer:** It is your responsibility to keep us informed as to who can access your GP online services as detailed on this form. Should your circumstances change, it is your responsibility to advise the practice. White House Farm Medical Centre relinquish all responsibility should the information provided on this form become incorrect if not updated.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission for White House Farm Medical Centre to allow proxy access to GP online services with the following:

|  |
| --- |
| **Patient requesting permission to allow online proxy access** |
| Full name |  |
| Date of birth |  |
| Address |  |
| Signature |  |
| Date |  |
| Telephone/Email |  |
| **Named person receiving access** |
| Full name |  |
| Address |  |
| Relationship |  |

**Agreement as to what can be divulged**

I give permission for the following access to be permitted to the above named person (tick all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Make Appointments** | **Request Medication** | **Complete Questionnaires** | **View Summary Record** | **View coded or full record** |
|  |  |  |  | Detailed | Full clinical |
| [ ]  |[ ] [ ] [ ] [ ] [ ]

**PLEASE NOTE:**

* We are required to check your ID when processing your Proxy Access request. We are also required to check the ID of the named person to whom you are giving access.
* We retain the right to reject any application to give consent to a proxy, where we consider it given wrongfully, under duress, or inappropriate in any other way.
* You are able to freely withdraw your consent to give online access with your proxy at any time. Please contact us to do this.

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**For Practice use only**

|  |  |
| --- | --- |
| Date form received |  |
| Form of ID checked for both parties |  |
| Staff initials (received by and ID verification) |  |
| Access granted or denied, (specify date if granted) |  |
| Form put to be added to patient record (date) |  |