Phoenix Health Group

Consent to proxy access for GP online services.

What you will need:

- For the representative and Patient to provide ID to Reception (Drivers Licence, Passport…)
- For the representative to provide proof of Lasting Power of Attorney if the Patient lacks capacity to make health care decisions.

NOTE: If the patient does not have 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

I, ……(name of patient), give permission to my GP practice to give the following person …… proxy access to the online services 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.

Signature of Patient	Date

Section 2

Please tick all that apply

Booking Appointments	
Requesting repeat prescriptions	

Detail Coded Access

Please only use this service if you require access to the patients coded medical records. Using this service will slow your application as a medical records check must be completed.

Detail Coded Access	

Section 3

I……(name of representative) wish to have online access to the services ticked in the box above in section 2

For ……(name of patient).

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

1. I understand and agree that I will treat the patient information as confidential.	
2. I will be responsible for the security of the information that I see or download.	
3. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement.	
4. If I see information in the records 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 representative	Date

Section 4

The patient

(This is the person whose records are being accessed)

Surname:	Date of birth:
First name:	NHS Number:
Address:	
Email address:	
Telephone number:	Mobile number:

The representative/parent

(This is the person seeking proxy access to the patient's online services.)

Surname:	Date of birth:
First name:	NHS Number:
Address:	
Email address:	
Telephone number:	Mobile number:
Relationship to Patient:	

For practice use only

Identity verification	**Photo ID of the Patient:** ☐ **Form of ID .....** **Photo ID of the Representative:** ☐ **Form of ID .....** If this is not recorded then access will not be given.	Name of ID verifier	Date
Approved by Name…… Date …….			