

FOR RHC USE ONLY (PATIENT SERVICES)	Form and Leaflet* given out by: (Initials and date)
Form received & identity verified by: (Initials and date)	Method: <input type="checkbox"/> Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence

Ramsey Health Centre

Application for proxy online access to another's medical record

Section 1

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.

I..... (Name of patient) give permission to my GP practice to give the following person/people..... 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.

Signature of patient	Date
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Section 2

<input type="checkbox"/> Online appointments booking	<input type="checkbox"/>
<input type="checkbox"/> Online prescription management	<input type="checkbox"/>
<input type="checkbox"/> Accessing the summary care record for the patient named on this form	<input type="checkbox"/>

Section 3

I/We..... (Names of representative/s) wish to have online access to the services ticked in the boxes in **section 2** 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 read and understood the information leaflet* provided by the practice	<input type="checkbox"/>
2. I/We will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
3. 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	<input type="checkbox"/>
4. 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	<input type="checkbox"/>

Signature of representative	Date
Signature of representative	Date

The patient

(This is the person whose records are being accessed)

Surname		Date of Birth			
First name		NHS Number			
Address		Postcode			
Email address					
Tel. number		Mobile number**			
**Please tick here if you consent to receiving communications from us via text message					<input type="checkbox"/>

The representative/s

(These are the people seeking proxy access to the patient's online records, appointments or prescriptions)

Surname		Date of Birth			
First name		NHS Number			
Relationship to patient		Registered at Ramsey HC?	Yes / No		
Address		Postcode			
Email address					
Tel. number		Mobile number			

Surname		Date of Birth			
First name		NHS Number			
Relationship to patient		Registered at Ramsey HC?	Yes / No		
Address		Postcode			
Email address					
Tel. number		Mobile number			

FOR RHC USE ONLY (ADMIN)

Email verified?	Reminder/s sent:	GP consent task sent to:	on:
Proxy access authorised by: (GP initials)	Date:	Date account created & passphrase sent:/...../.....	
If patient under 11:	<input type="checkbox"/> Expiry date set <input type="checkbox"/> Reminder added		
Level of record access enabled:		Notes / comments on proxy access	
<input type="checkbox"/> All <input type="checkbox"/> Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/> Summary Care Record			
Reviewed: June 2020			
Saved in: s:\dept-ptservices\patient services\forms\online access proxy registration form.docx			