

Conway Road Medical Practice

80a Conway Road Sale Cheshire M33 2TB

Consent to proxy access to GP online services

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. Proxy access application will not be accepted from any third party commercial company i.e. Insurance company or solicitors.

Proxy Access: Parents may request a proxy access to their children's records; this will cease automatically when the child reaches the age of **12**. Any subsequent proxy access will need to authorise by the patient subject to a Gillick competency test being completed.

Section 1

I,..... (Name of patient), give permission to my GP practice to give the following 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.

I have read and understand the information leaflet provided by the practice

| | |
|----------------------|------|
| Signature of patient | Date |
|----------------------|------|

Section 2

| | |
|-----------------------------------|--------------------------|
| 1. Online appointments booking | <input type="checkbox"/> |
| 2. Online prescription management | <input type="checkbox"/> |
| 3. Detailed Coded record | <input type="checkbox"/> |

Section 3

I/we..... (Names of representatives) wish to have online access to the services ticked in the box above 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 and | <input type="checkbox"/> |
|---|--------------------------|

Tel: 0161 973 1151

Website: www.conwayroadsurgery.co.uk

Email: trccg.conwayroadmp@nhs.net

Dr. Frier Dr. Wilson Dr. Hynes Dr. Burlington Dr. Clarke Dr. Polson
Dr. Pearson Dr. Brocklehurst Dr. Hobman Dr. Cufflin

| | |
|--|--------------------------|
| agree that I will treat the patient information as confidential | |
| 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. I will treat any information which is not about the patient as being strictly confidential | <input type="checkbox"/> |

| | |
|---------------------------------|--------|
| Signature/s of representative/s | Date/s |
| | |

The patient

(This is the person whose records are being accessed)

| | |
|------------------|---------------|
| Surname | Date of birth |
| First name | |
| Address | |
| | Postcode |
| Email address | |
| Telephone number | Mobile number |

The representatives

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

| | |
|---------------|---|
| Surname | Surname |
| First name | First name |
| Date of birth | Date of birth |
| Address | Address (tick if both same address <input type="checkbox"/>) |
| Postcode | Postcode |
| Email | Email |
| Telephone | Telephone |
| Mobile | Mobile |

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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 <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/> | |
| Proxy access authorised by | | | Date |
| Date account created | | | |
| Date passphrase sent | | | |
| Level of record access enabled Contractual minimum <input type="checkbox"/> Other..... | | Notes / comments on proxy access | |