

Lindley Group Practice
 62 Acre Street
 Lindley
 Huddersfield
 HD3 3DY

For Practice Use Only	
Date received	
ID verified by	
ID provided	

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.*

SECTION 1

(to be completed by the patient where appropriate)

I *(name of patient)*, give permission to my GP practice to give the following people*(name of representative/s)* 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
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SECTION 2

(to be completed by patient where Section 1 has been completed)

	Please tick
Online appointments booking	
Online prescription management	
Accessing medical records for (name of patient)	

SECTION 3

I/we..... *(name of representative/s)* wish to have online access to the services ticked 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:-

	Please tick
I/we have read and understand 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 records that is not about the patient, or is inaccurate, I/we will contact the surgery as soon as possible. I will treat any information which is not about the patient as being strictly confidential.	

Signature/s of representative/s	Date/s
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PTO

THE PATIENT*(This is the person whose records are being accessed)*

Surname	Date of birth
First Name	
Address	
Postcode	
Email address	
Home Telephone	Mobile Number

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

Surname	Surname
First Name	First Name
Date of Birth	Date of Birth
Address	Address
Post Code	Post Code
Email	Email
Home Telephone	Home Telephone
Mobile	Mobile
Relationship to patient	Relationship to patient
Registered at Lindley Group Practice Yes/No	Registered at Lindley Group Practice Yes/No
Reason for requiring access	Reason for requiring access

FOR PRACTICE USE ONLY

The Patient's NHS Number	The patient's practice computer ID number
Age of patient	
Proxy access authorised by	Date
Date account created	
Date passphrase sent	
Level of record access enabled	Notes/comments on proxy access
Prospective	
Retrospective	
All	
Limited parts	
Contractual Minimum	