**Application for Proxy User Access**



|  |
| --- |
| **Patient’ s Details**  |
| Title |  | First Name |  | Last name |  |
| Gender | Male/Female | Date of Birth |  |
| Address |  |
|  **TO BE COMPLETED BY PATIENT** |
| **I give permission for CGH Partnership to give the below named individual proxy access to the online services as indicated below.** **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 and I have read and understood the information leaflet provided by the practice. (🗸)** |
| * I grant permission to allow access to book appointments and order repeat prescriptions only
 |  |
| * I grant permission to allow access to book appointments, order repeat prescriptions and view online medical records
 |  |
| **\*Signature** |  | **Date** |  |
| Name and relationship (if signed on behalf of patient) |  |

**\*If the patient does not have capacity to consent this should be signed by the person holding lasting power of attorney for health and welfare or by the GP.**

|  |
| --- |
| **Proxy User applying for access** |
| Title |  | First Name |  | Last name |  |
| Gender | Male/Female | Date of Birth |  |
| Address |  |
| Email |  |
| Relationship to Patient |  |

|  |
| --- |
| **TO BE COMPLETED BY THE PROXY USER APPLYING FOR ACCESS**  |
|  **I understand my responsibility for safeguarding sensitive medical information and understand and agree with the following statements *(please tick to indicate agreement):* (🗸)** |
| * I will be responsible for the security of the information that I see or download.
 |  |
| * I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without the patient’s agreement.
 |  |
| * If I see information in the record that is not about the patient or is inaccurate, I will contact the practice as soon as possible and treat any information which is not about the patient as strictly confidential.
 |  |
| **Signature** |  | **Date** |  |
| **Signature** |  | **Date** |  |

|  |  |
| --- | --- |
| Identity verified by (print full name):Checked by (print full name): | Photo ID seen (state what ID has been seen) |
| Proof of Residence (state what document has been seen) |
| Authorised by: | Date: |