Oak Tree Health Centre

Tyne Avenue

Didcot

OX11 7GD

**Consent to Proxy Access to GP online Services**

I……………………………………….(patient) give permission to Oak Tree Health Centre to give the following people/person............................................ proxy access to the online services as indicated below.

|  |  |
| --- | --- |
| Booking Appointments |  |
| Requesting Repeat Prescriptions |  |
| Access to parts of my Medical Records as currently available |  |

I reserve the right to reverse my decision 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 |

I…………………………………………(representative) wish to have online access to the services ticked in the box above for …………………………………………….(patient).

I understand my responsibility for safeguarding sensitive medical information

I understand and agree with each of the following statements:

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential |  |
| 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 agreement of the patient |  |
| Of I see information in the record 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 |

**The Patient** (the person whose record is to be accessed)

|  |  |
| --- | --- |
| Surname: | Date of Birth: |
| First Name: | Postcode: |
| Address: | |
| Email Address: | |
| Home Telephone: | Mobile: |

**The Representative** (the person seeking proxy access)

**The representative must produce their proof of Photo ID and if registering on behalf of a child their child’s birth certificate.**

|  |  |
| --- | --- |
| Surname: | Date of Birth: |
| First Name: | Postcode: |
| Address: | |
| Email Address: | |
| Home Telephone: | Mobile: |

**For Practice Use only**

|  |  |  |
| --- | --- | --- |
| Patients NHS number: | | Patients Emis Number: |
| Identity Verified: | Date: | Photo ID and Proof of residence  Vouching with non-photo ID  Vouching with information in record |
| Proxy access authorised by: | | Date: |
| Date account Created: | | Date linkage key sent: |
| Level of Access:  Appointments only  Prescriptions only  Appointments and Prescriptions only  Appointments, Prescriptions, Medical summary  Appointments, Prescriptions, Detailed Coded Record | | Any other comments: |