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**Consent to proxy access to GP online services**

**Note**: If the patient does not have capacity to consent to grant proxy access (this includes all children age 0-10), and proxy access is considered by the practice to be in the patient’s best interest, then **section 1 of this form may be omitted**.

**Section 1**

I,<Patient Name> 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

|  |  |
| --- | --- |
| Patient name: <Patient Name> | Pt NHS number: <NHS number> |
| Signature of patient | Date <Today's date> |

**Section 2**

|  |  |
| --- | --- |
| 1. Online appointments booking |  |
| 1. Online prescription management |  |
| 1. Accessing the medical record for (name of patient) |  |

**Section 3**

I/we      (names of representatives) wish to have online access to the services ticked in the box above in section 2

for <Patient Name> (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 agree that I will treat the patient information as confidential |  |
| 1. I/we will be responsible for the security of the information that I/we see or download |  |
| 1. 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 |  |
| 1. 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 |  |

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

**The patient**

(This is the person whose records are being accessed)

|  |  |
| --- | --- |
| Surname <Patient Name> | Date of birth <Date of birth> |
| First name <Patient Name> | |
| Address  <Patient Address>  Postcode <Patient Address> | |
| Email address <Patient Contact Details> | |
| Telephone number <Patient Contact Details> | Mobile number <Patient Contact Details> |
| Pt NHS number: <NHS 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    Postcode | Address (tick if both same address    Postcode |
| Email | Email |
| Telephone | Telephone |
| Mobile | Mobile |