John Tasker House and Felsted Surgeries

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Associate GPs – Dr Jackie Stevens, Dr Thidar Myint, Dr Katy-Ellen Disley, Dr Gillian Graves, Dr Jo Ward, Dr Tania Brasse, Dr Vernette Buffong

Consent to proxy access to GP online services for Children up to age 12

Note: It is a legal requirement that once the child has reached the **Age of 13**, Proxy Access will automatically be removed and the patient is required to create their own NHS Online.

Section 1

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

Section 2

Access Levels (Note: Immunisation records will automatically be activated, if additional levels of access are required – please select from the list below)

1. Accessing the patients Immunisations records ONLY	☐
2. Accessing the patients Full Medical Records	☐
3. Online appointments booking	☐
4. Online prescription management (only available for Repeats & Acute medications)	☐

Section 3

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

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	☐
2. I/we will be responsible for the security of the information that I/we see or download	☐
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	☐
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	☐

The representatives

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

Relationship to patient:	Relationship to patient:
Surname	Surname
First name	First name
Date of birth	Date of birth
Signature representative	Signature representative

NB: This request WILL NOT be processed unless the representative(s) sign form.

Address: (*tick if the same address* as patient ☐)

Address Postcode	Address (*tick if both same address* ☐) Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only – **RECEPTION**

Patient NHS number	Practice computer EMIS number
Identity verified by (initials) Date	Method used Vouching ☐ Vouching with information in record ☐ Photo ID and proof of residence ☐

For practice use only – **PATIENT ACCESS TEAM**

Date account created	Authorized by (initials)
Level of record access enabled Appts, Meds & All records ☐ Appts, Meds & All prospective records ☐ Appts, Meds & All retrospective records ☐ Appts, Meds only ☐	Notes / explanation

Reason for refusal if record access is refused after clinical assurance.	