

Riversdale Surgery

Application for proxy access to online services

Please complete this form in black ink and capital letters.

Consent to proxy access to GP online services (for parents, carers, etc)

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 (Patient to complete. NOT REQUIRED FOR UNDER 12s)

I,..... (name of patient), 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

Signature of patient	Date
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Section 2

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical record for (name of patient)	<input type="checkbox"/>

Section 3 (representative / proxy to complete)

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

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	<input type="checkbox"/>
2. I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

Signature/s of representative/s	Date/s
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Patient ID Required

Two original forms of identity from Appendix 1. One must be photo ID
 Birth certificate if under 12.

Representative/Proxy ID Required

Two original forms of identity from Appendix 1. One must be photo ID

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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

The representatives / Proxy (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	Address (tick if both same address <input type="checkbox"/>)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use only (check for patient and proxy requester)

The patient's NHS number		
Identity verified by (initials)	Date	Method - patient Vouching (Reg'd/usual Dr only) <input type="checkbox"/> Vouching with information in record (Reg'd/usual Dr only) <input type="checkbox"/> Two ID documents. One must be Photo ID (rec staff) <input type="checkbox"/> Under 12s only birth certificate required <input type="checkbox"/>
		Method – proxy requester Vouching (Reg'd/usual Dr only) <input type="checkbox"/> Vouching with information in record (Reg'd/usual Dr only) <input type="checkbox"/> Two ID documents. One must be Photo ID (rec staff) <input type="checkbox"/>
Proxy access authorised by (Reg'd Dr only)		Date
Date account created		
Date passphrase sent		
Level of record access enabled Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> All <input type="checkbox"/> Limited parts <input type="checkbox"/> Contractual minimum <input type="checkbox"/>	Notes / comments on proxy access	

Appendix 1 – Acceptable identity evidence

Based on the requirements of GPG45, (Good Practice Guide 45 - Identity Proofing and Verification of an Individual) the options for presentation of documents are as follows:

- Two pieces of Level 3 evidence, or
- One piece of Level 3 evidence and one piece of Level 2 evidence.

From the acceptable identity evidence listed in table below. **In either case, one piece of evidence must include a photograph.**

PLEASE TICK DOCUMENTS YOU ARE SUBMITTING

Level 2 Identity Evidence		Level 3 Identity Evidence	
• Birth certificate	<input type="checkbox"/>	• Mortgage account	<input type="checkbox"/>
• Adoption certificate	<input type="checkbox"/>	• Buy to let mortgage account	<input type="checkbox"/>
• Marriage certificate	<input type="checkbox"/>	• Current account	<input type="checkbox"/>
• Firearm Certificate	<input type="checkbox"/>	• Bank credit account (credit card)	<input type="checkbox"/>
• DBS Enhanced Disclosure Certificate	<input type="checkbox"/>	• Bank Savings Account	<input type="checkbox"/>
• HMG issued convention travel document	<input type="checkbox"/>	• Retail bank/credit union/building society	<input type="checkbox"/>
• HMG issued stateless person document	<input type="checkbox"/>	• Bank credit account (credit card)	<input type="checkbox"/>
• HMG issued certificate travel	<input type="checkbox"/>	• Student loan account	<input type="checkbox"/>
• HMG issued certificate of identity	<input type="checkbox"/>	• Armed Forces ID Card	<input type="checkbox"/>
• Police warrant card	<input type="checkbox"/>	• Digital tachograph card	<input type="checkbox"/>
• Fire brigade ID card	<input type="checkbox"/>	• Northern Ireland Voters Card	<input type="checkbox"/>
• Buildings Insurance	<input type="checkbox"/>	• US passport card	<input type="checkbox"/>
• Contents insurance	<input type="checkbox"/>		
• Vehicle insurance	<input type="checkbox"/>		
• Mobile telephone contract account	<input type="checkbox"/>		
• Non-bank savings account	<input type="checkbox"/>		
• Freedom pass	<input type="checkbox"/>		
• National 60+ bus pass	<input type="checkbox"/>		
• An education certificate gained from an educational institution regulated or administered by public authority (e.g GCSE, GCE, A Level, O Level)	<input type="checkbox"/>	• Passports that comply with ICAO 9303 (Machine Readable Travel Documents)	<input type="checkbox"/>
• An education certificate gained from a well-recognised higher education institution	<input type="checkbox"/>	• EEA/EU Government issued identity cards comply with Council Regulation (EC) No 2252 / 2004	<input type="checkbox"/>
• Residential property rental or purchase agreement	<input type="checkbox"/>	• Proof of age card issued under the Proof of Age Standards Scheme (containing a unique reference number)	<input type="checkbox"/>
• Unsecured personal loan account (excluding pay day loans)	<input type="checkbox"/>	• EEA/EU full driving licences that comply with European Directive 2006/126/EC	<input type="checkbox"/>
• Proof of age card issued under the Proof of Age Standards Scheme (without a unique reference number)	<input type="checkbox"/>	• Secured loan account (including hire purchase)	<input type="checkbox"/>
• Unsecured personal loan account (excluding pay day loans)	<input type="checkbox"/>	Non-bank credit account (including credit/store/charge cards)	<input type="checkbox"/>
• UK asylum seekers Application Registration Card (ARC)	<input type="checkbox"/>		

