

Proxy Access to Online Records – Patient Consent

| Patient Details | | | | | | | |
|--|---|--|--|--|--|--|--|
| Name | | | | | | | |
| NHS Number | | | | | | | |
| Date of Birth | | | | | | | |
| Address | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Telephone Email Address | | | | | | | |
| Email Address | | | | | | | |
| | bxy is another person who is authorised by yourself to view your medical notes, order or see your summary care record. They will be referred to withing this form as ' proxy '. | | | | | | |
| Patient Consent | | | | | | | |
| 1 | give permission to to give proxy access to | | | | | | |
| 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. | | | | | | | |
| I have read and understand the information leaflet provided by the practice. | | | | | | | |
| | | | | | | | |
| I wish to allow onl | ine access to: Please tick all that apply | | | | | | |
| ☐ Book appointme | nts | | | | | | |
| Request medication | | | | | | | |
| ☐ View my medical record (subject to policy) | | | | | | | |
| ☐ View my Summary Care Record | | | | | | | |
| ☐ Complete online questionnaires | | | | | | | |
| | | | | | | | |
| Patient Signature | | | | | | | |
| | | | | | | | |
| Signature | | | | | | | |
| Name | | | | | | | |
| Date | | | | | | | |



Proxy Access to Online Records – Proxy Agreement

| Proxy Details | | | | | | | |
|--|----------------------|---------------|---|--------------|--------------------|--|--|
| First name | | | First name | | | | |
| Surname | | | Surname | | | | |
| Date of birth | | | Date of birth | | | | |
| Address | | | Address | | | | |
| | | | | | | | |
| Email | | | Email | | | | |
| Telephone | | | Telephone | | | | |
| mobile | | | mobile | | | | |
| | | | | | | | |
| Proxy Agreement | | | | | | | |
| I/we wish to have online access to the services authorised by the patient concerned I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand | | | | | | | |
| and agree with each of the following statements: | | | | | | | |
| ☐ I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential | | | | | | | |
| . □ I/we will be responsible for the security of the information that I/we see or download | | | | | | | |
| | | on as possi | ible if I/we suspect that my acc | count has | been accessed by | | |
| someone without m | = | I that it not | about the natient or is inaccu | ate I will l | na out immediately | | |
| If I/we see information in the record that it not about the patient or is inaccurate I will log out immediately and contact the practice as soon as possible. Any information which is not about the patient will be treated | | | | | | | |
| as being strictly con | fidential | | | | | | |
| Please bring photog | graphic proof of you | ur identifica | ation in order for the sign-up p | rocess to I | pe completed. | | |
| Proxy Signature | | | | | | | |
| Signature | | | | | | | |
| Name | | | | | | | |
| Date | | | | | | | |
| | | | | | | | |
| For Practice Use C | | | | | | | |
| | | ouching | | | | | |
| (tick all that apply) | | | Vouching with information in record Photo ID | | | | |
| | | | of residence | | | | |
| No. | | Profes | sional Vouching | | | | |
| Name of Verifier | | | | Date | | | |
| Name of person who authorised and added to SystmOne | | | | Date | | | |
| Photocopied this page | | Yes - | Name: | | | | |
| Passed for scanning | | □ Voc | Name: | | | | |



Access to GP Online Services

Important Information - Please read before completing form below

If you wish to, you can now use the internet (via computer or mobile app) to book appointments with a GP, request repeat prescriptions for any medications you take regularly and look at your medical record online. You can also still use the telephone or call in to the surgery for any of these services as well. It's your choice.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you are unable to do this for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore, you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient's record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, there are some other things to consider. Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

Forgotten history

There may be something you have forgotten about in your record that you might find upsetting.

Abnormal results or bad news

If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

Choosing to share your information with someone

It's up to you whether or not you share your information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep the information safe and secure.

Coercion

If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.

Misunderstood information

Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.

Information about someone else

If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.

For further information, please see:

https://www.nhs.uk/nhs-services/gps/online-health-and-prescription-services/