**ONLINE ACCESS**

**PARENT PROXY FORM**

**Patient details (child)**

|  |  |
| --- | --- |
| Full Name |  |
| D.O.B |  |
| Address |  |

**Proxy Details (parent/guardian)**

|  |  |
| --- | --- |
| Full Name |  |
| D.O.B |  |
| Address |  |
| Contact number |  |
| Email |  |

**Online services**

*I wish for my proxy to be granted the following services (please tick)*

|  |  |
| --- | --- |
| Book GP appointments |  |
| Request Repeat Medication |  |
| View lab test results |  |
| View allergies and immunisations |  |
| Access to my full medical record |  |

**Help and support**

*I wish to receive support in accessing my online medical record (please tick)*

|  |  |
| --- | --- |
| Step-by-step guide sent through post (NHS app) |  |
| I would like help via email |  |
| I would like help over the phone |  |

**Terms and conditions**

*I am aware that I am responsible for the security of the information I see or download in relation to my Online Access Account. If I choose to share my information or nominate a proxy to view my Online Access Account, I do so at my own risk.*

*I am aware that when the patient turns 11 years old access will be restricted so that a clinician can assess whether or not the patient is competent to manage their own account. You, as proxy will receive an email from Patient Access 3 months prior to the patient’s birthday to inform you.*

*I am aware that when the patient turns 16 years old access will be revoked as patients over the age of 16 are deemed competent to manage their own account. You, as proxy will receive an email from Patient Access 3 months prior to the patient’s birthday to inform you.*

**Proxy signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please send form back with **two** appropriate forms of ID (see below)

**For staff use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Photo ID** | Proxy | **Address ID** | Proxy |
| Photo Driving Licence |  | Driving licence |  |
| Passport |  | Utility bill |  |
| National 60+ bus pass |  | Bank statement |  |
| Public services ID card |  | Official letter |  |

**Staff initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For IT use only:**

|  |  |
| --- | --- |
| Proxy information coded onto patient/proxy notes |  |
| Level of access granted for proxy |  |
| Proxy informed of change |  |

**Staff initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date put to scanning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**