**ONLINE ACCESS**

**PROXY FORM**

**Patient details**

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

**Proxy Details**

|  |  |
| --- | --- |
| 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*

**Patient signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

**For staff use only**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Photo ID** | Patient | Proxy | **Address ID** | Patient | 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 |  [ ]  |
| Patient/proxy informed of change |  |

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