

River Wey Medical Practice



Consent to proxy access to GP online services Parental/Carer access

If, as a parent, you are applying for access to your child's records, we will need you to confirm your parental rights. If your child is competent and able to understand the implications of your access, then we will need to get their consent first even if they are under 11 years of age.

Section 1

The patient

(to be completed by the child where age permits. This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address	
Postcode	
I give permission to my GP practice to give the following person proxy access to the online services as indicated below in section 3.	
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.	
Signature of patient (if appropriate)	
Date	

Section 2

Online Services

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Accessing the medical records	<input type="checkbox"/>

Section 3

The representative

(This is the person seeking proxy access to the patient's online records, appointments or repeat prescription)

I confirm that I am wishing to have online access to the services ticked in the box above in section 2 I understand my responsibility for safeguarding sensitive medical information and understand and agree with each of the following statements: I have read and understood the information leaflet provided by the practice I will be responsible for the security of the information that I see or download will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement If I see information in the record that is not about the patient, or is inaccurate, I will contact the practice as soon as possible	Date
Signature of representative	



Relationship to the Patient; Parent Mother/Father (please indicate) Named on Birth Certificate Granted parental rights by the courts Main Carer Father, you were married to the mother at the time of birth Father, you have the agreement of the mother Proof may be required to indicate that parental rights have not been removed by the courts	
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Section 4

The representative

This is the person seeking proxy access to the patient's online records, appointments or repeat prescription)

Surname
First name
Date of birth
Address
Postcode
Email
Telephone
Mobile

For practice use only

Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence (tick below) <input type="checkbox"/> passport <input type="checkbox"/> driving licence <input type="checkbox"/> bank statement <input type="checkbox"/> other (please record) <input type="checkbox"/>
Proxy access authorised by PLEASE NOTE THIS MUST BE A GP PARTNER WHERE THE CHILD IS AGED 11 AND ABOVE.		GP Signature Date