

# River Wey Medical Practice

## Application for Proxy User Access



Patient for which access is being requested				
Title		First Name		Last name
Gender	Male/Female		Date of Birth	
Address				

TO BE COMPLETED BY PATIENT	
<p><b>I give permission to River Wey surgery to give the below named individual/s proxy access to the online services as indicated below.</b></p> <p><b>I reserve the right to reverse any decision I make in granting proxy access at any time.</b></p> <p><b>I understand the risks of allowing someone else to have access to my health records and I have read and understood the information leaflet provided by the practice.</b></p>	
I grant permission to allow access to book appointments and order repeat prescriptions only	
I grant permission to allow access to book appointments, order repeat prescriptions and view online medical records	
<b>*Signature</b>	
<b>Date</b>	
Name and relationship (if signed on behalf of patient)	

**\*If the patient does not have capacity to consent this should be signed by the person holding lasting power of attorney for health and welfare or by the GP.**

Proxy Users applying for access				
Title		First Name		Last name
Gender	Male/Female		Date of Birth	
Address				
Email				
Relationship to Patient				
Title		First Name		Last name
Gender	Male/Female		Date of Birth	
Address				
Email				
Relationship to Patient				

TO BE COMPLETED BY THE PROXY USER/USERS APPLYING FOR ACCESS	
<p><b>I/we understand my/our responsibility for safeguarding sensitive medical information and understand and agree with the following statements (please tick to indicate agreement):</b></p>	
I/we will be responsible for the security of the information that I/we see or download.	
I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without the patient's agreement.	
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/we will treat any information which is not about the patient as being strictly confidential.	
<b>Signature</b>	
<b>Date</b>	
TO BE REVIEWED BY THE GP	
<b>Signature</b>	
<b>Date</b>	