



Farnham Centre for Health, Hale Road, Farnham, Surrey, GU9 9QS  
 Tel: 01252 723122  
 www.farnhamparkhealthgroup.co.uk

**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. Return to our IT support team.

**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	
<p>I give permission to my GP practice to give the following person proxy access to the online services as indicated below in section 3.</p> <p>I reserve the right to reverse any decision I make in granting proxy access at any time.</p> <p>I understand the risks of allowing someone else to have access to my health records.</p>	
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)**

<p>I confirm that I am wishing to have online access to the services ticked in the box above in section 2</p> <p>I understand my responsibility for safeguarding sensitive medical information and understand and agree with each of the following statements:</p> <p>I have read and understood the information leaflet provided by the practice</p> <p>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</p> <p>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</p> <p>Signature of representative</p>	Date
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**Partners:**

Dr P Roy BSc (Hons), MBChB, MRCGP, PGCert, DGM  
 Dr V Koh MBChB  
 Dr I Boakye-Acheampong MBBS, BSc, MRCGP  
 Dr V Collins BN (Hons), MBBS, MRCGP, DFRSH

**Associates:**

Dr M Ardagh MBBS, DCH, FP Cert  
 Dr H Fawcett MBBS, DRCOG, FP Cert  
 Dr K Deane BSc, MBBS, DRCOG, DFFP, MRCGP  
 Dr H Duff BSc (Hons), MBBS, DRCOG, MRCGP  
 Dr J Smith BSc (Hons), MBChB (Hons), MRCGP  
 Dr S Richards BSc, MBBS, MRCGP

**Practice Manager:** Mrs A Green

**Business Manager:** Mrs H Lawrence  
**HR Manager:** Mrs G Hardy



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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  <b>Proof may be required to indicate that parental rights have not been removed by the courts</b>	
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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

Proxy access identity verified by <input type="checkbox"/> (initials)	
Proxy access authorised by <b>PLEASE NOTE THIS MUST BE A GP PARTNER WHERE THE CHILD IS AGED 11 AND ABOVE.</b>	GP Signature  Date

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