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**Patient Online Access Important Information**

**Before You Allow Proxy Access to others here Are Some Other Things to Consider.**

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

|  |
| --- |
| **Forgotten History**There may be something you have forgotten about in your record that you might not want to share.  |
| **Abnormal Results or Bad News**If your GP has given you access to test results or letters, they may see something that they find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.  |
| **Choosing To Share Your Information With Someone**It’s up to you whether or not you share your information with others – perhaps family members or carers. It’s your choice, but also your responsibility to keep the information safe and secure. If you share your password rather than giving proxy access with other family members this will allow them to see what has been written into your record.  |
| **Coercion**If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not allow for access at this time. |
| **Misunderstood Information**Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.  |
| **Information About Someone Else**If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible. |
| **Proxy Access**You may allow access to family members or carers and more than one person to your medical record.  |

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**Patient Online Registration Form**

**Proxy Access for All Adults Aged 16+**

**The Patient**

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Email Address** |  |
| **Telephone Number** |  | **Mobile Number** |  |
| **Online Access** | Are you registered for GP Online Services? | **Yes No**  |  |
| **If no you will need to register for online access so that we can link your account** |

**Proxy Access Details** (The person seeking proxy access)

|  |  |
| --- | --- |
| **Surname** |  |
| **First Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Postcode** |  |
| **Email Address** |  |
| **Telephone Number** |  | **Mobile Number** |  |
| **Relationship to the Patient** |  |

**I give permission access to the following Online Services (Tick All That Apply): to my Representatives:**

|  |  |
| --- | --- |
| Online Booking Appointments |  |
| Online Prescription Management & Requesting Repeat Prescriptions |  |
| Online Access to Consultations & Documents and Full Record |  |

|  |
| --- |
| * 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.
 |
| * I have read and understand the information leaflet provided by the practice.
 |

|  |
| --- |
| **This box will be used if it is decided that you are unable to give your consent to****someone having access to your records.****You do not need to write anything here, the person making that decision will use it to****record the reasons why** |
| **Signature of Patient/X:**  | **Date:** |

Practice to give the following person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proxy Access to the Online Services as indicated on this Consent Form.

**For Proxy Access User**:

|  |  |
| --- | --- |
| * I understand that I can Request Information & Educational Resources from my GP Practice
 |  |
| * I understand my responsibility for safeguarding sensitive medical information
 |  |
| * I have read and understood the information on this form and agree that I will treat the patient information as confidential
 |  |
| * I will be responsible for the security of the information that I see or download
 |  |
| * I 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.
 |  |

|  |  |
| --- | --- |
| **Signature/s of Representative:** | **Date:** |

**For Practice Use Only**

|  |
| --- |
| Patient NHS Number: Patient ID |
| Identity Verified By (Initials)Date: | Method Used | Vouching □Vouching with Information In Record □Photo ID and proof of residence □ |
| Documentary Evidence Provided |  |
| Authorised By: | Date: |
| Date Account Created & Credentials Emailed/Given: |
| Level of Record Access Disabled / Enabled (Please Circle)If Disabled, Please Specify | Notes /Explanation: |
| Proxy ID |
| Identity Verified By (Initials)Date: | Method Used | Vouching □Vouching with Information In Record □Photo ID and proof of residence □ |
| Documentary Evidence Provided |  |
| Authorised By: | Date: |
| Date Account Created & Credentials Emailed/Given: |
| Level of Record Access Disabled / Enabled (Please Circle)If Disabled, Please Specify | Notes /Explanation: |

**Information for Those with PROXY Access**

* Remind proxy that the patient’s GP *might* need to discuss this application further with either the patient, or the proxy, or both
* Advise that the practice will contact the proxy to collect registration details if proxy is not already registered for online access, or the proxy might be emailed the details directly
* Otherwise, proxy access will be automatically activated once GP has approved application

**Once the Form Has Been Completed It Should be Scanned & Filed to the Patient’s Record.**

Date of Document: May 2023

Version: 2.0

Source: NHS Sussex/Access to Medical Records Toolkit /SCW GP