

This section is to be completed as appropriate, if a representative wishes to have proxy record access to the patient named in Section A overleaf.

D. Proxy / Representative Access	The patient named in SECTION A, wishes the proxy/representative named below to have access to the following online services:			
	Allow appointment booking	Yes / No	Allow medication requesting	Yes / No
	Allow completing questionnaires	Yes / No	Allow viewing of summary record	Yes / No
	Allow viewing of detailed coded record	Yes / No	Is this Temporary Access	*Yes / No
	*If you want to grant temporary access only to your records, state the date you wish it to end			D D M M Y Y
	Preferred contact method	Home phone / mobile / letter / text message / no communication		
	Proxy / Representative Information			
	Surname	First name(s)		
	Phone no.	Date of birth		D D M M Y Y Y Y
	Home Address	Post code		
Proxy/Representative relationship to the patient in SECTION A overleaf		Parent / Guardian / Carer / Other (specify):		
The proxy/representative must also be registered to use online services: <ul style="list-style-type: none"> If proxy/representative IS a registered patient at THIS PRACTICE and NOT registered for SystemOnline, the proxy/representative must complete a separate online registration form (Section A-C) and attach it to this form. If the proxy/representative IS NOT a patient at this practice, the proxy/representative will be issued with a SystemOnline account user name and passphrase to allow access. 			Tick if Attached <input type="checkbox"/>	
DISCLAIMER <ul style="list-style-type: none"> If patient in Section A is aged 11 or over, they must sign this disclaimer below. <i>Please be aware that from the patient's 16th Birthday, all proxy access will be automatically revoked.</i> If patient in Section A is aged under 11, we do not require their signature, only the representative[£]. If patient in Section A is unable to sign themselves, please sign and print your name below[£]. The patient named in SECTION A, consents to the above named person having proxy access to my medical records. I understand that I can change my mind about this at any time and if I wish to do so must contact the surgery and tell them the reason.				
PATIENT Signature required for ages over 11 years		Date		
OR [£] Signature of person representing patient		Date		
Print name if representative of the patient				

FOR PRACTICE USE ONLY			
Patient NHS Number	Photo ID and proof of residence		
Identity verified by (initials)	Date	Vouching with information in record	
		Vouching	
Level of PATIENT access granted	Basic (appointments/medication/questionnaires/SCR) <input type="checkbox"/>		
	Detailed (appointments/medication/questionnaires/SCR/detailed-coded) <input type="checkbox"/> *		
	*Detailed Name of GP Authorised	Date	
PROXY ONLY	Relationship to Patient		
Basis for granting access	Patient consent (verbal) <input type="checkbox"/> Patient consent (written) <input type="checkbox"/> Parental responsibility <input type="checkbox"/> Patient lacks capacity (court order) <input type="checkbox"/> Patient lacks capacity (power of attorney) <input type="checkbox"/> Patient lacks capacity (patient's best interests) <input type="checkbox"/>		
PROXY ONLY	Appointments <input type="checkbox"/> Medication <input type="checkbox"/> Questionnaires <input type="checkbox"/> SCR <input type="checkbox"/> Detailed Coded <input type="checkbox"/>		
Access Granted	NOT GRANTED <input type="checkbox"/>		
Date account created & passphrase sent	Authorised by (admin)		