# Forest House Medical Centre & Warren Lane Surge

# Application for under 14 years online account & Proxy Access for ALL PATIENTS

|  |  |
| --- | --- |
| Proxy User Surname: |  Date of birth: |
| Proxy User First name: NHS Number: |
| Address: Postcode: |
| Email address: Mobile number: |

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. O. B: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ /\_\_\_ \_\_\_ \_\_\_ \_\_\_ NHS Number: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_­

Reason for proxy access (Please provide any court order or POA)

|  |  |
| --- | --- |
| Parent Request (access will be removed when child is 14 years old) | [ ]  |
| Patient Request  | [ ]  |
| Patient lacks Capacity – Court Order  | [ ]  |
| Patient lacks Capacity – Power of Attorney | [ ]  |
| Patient lacks Capacity – Patient’s best Interest (with GPs agreement) | [ ]  |

 Please tick what you would like to have access to

|  |  |
| --- | --- |
| I wish to have access to book appointments | [ ]  |
| I wish to have access to request repeat prescriptions | [ ]  |
| I wish to have access to the SCR (summary care record) | [ ]  |
| I wish to have access to full clinical record (please be aware access will begiven from the date requested not historically) | [ ]  |

I wish to have proxy access to the stated patient’s medical record online and understand and agree with each statement (please tick all)

Proxy Signature …………………………………………

Relationship to Patient……………………………………………… …

Date:

Patient Signature …………………………………………

Date:

|  |  |
| --- | --- |
| 1. I will be responsible for the security of the information that I see or download |  |
| 2. If I choose to share my information with anyone else, this is at my own risk |  |
| 3. If I suspect that my account has been accessed by someone without my agreement, I will contact the practice as soon as possible |  |
| 4. If I see information in my record that is not about me or is inaccurate, I will contact the practice as soon as possible |  |
| 5. If I think that I may come under pressure to give access to someone else unwillingly I will contact the practice as soon as possible.  |  |

# For practice use only

|  |  |
| --- | --- |
| ID seen: |  Date account created:  |
| Identity verified by (initials): | Method: Vouching Photo ID and proof of residence  |
| Signature of staff member: | Date: |