

**Application for Proxy Access to Online Services**

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| ***Child/Patients Details*** |
| **Surname:** |  | **Forename:** |  |
| **Date of Birth:** |  | **NHS Number:** |  |
| **House No/Street** |  | **County:** |  |
| **Town or City:** |  | **Postcode:** |  |
| **Phone No.** |  | **Named GP:** |  |
| ***Parent/Carer Details*** |
| **Surname:** |  | **Forename:** |  |
| **Date of Birth:** |  | **NHS Number:** |  |
| **House No/Street:** |  | **County:** |  |
| **Town or City:** |  | **Postcode:** |  |
| **Phone Number:** |  | **GP & Practice** |  |
| **Email Address:** |  |
| **Relationship to Child/Patient:** | **Mother** |  |  |
| **Father** |  |  |
| **Carer** |  |  |
| **Other… *Please state*** |  |  |

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| **Access Requested** |
| Booking Appointments |[ ]
| Requesting repeat prescriptions |[ ]

**ID Required:**

Child/Patients - Full birth certificate

Parent/Carer – Photo ID (passport, driving licence etc.)

**On a child’s 11th birthday, the scope of the current proxy access will be restricted, unless the practice has already assessed the child as able to make an informed decision and the child has given explicit consent for their record to be shared. This is a national standard imposed by NHS England to protect the confidentiality rights of young people. We will send a letter to the child and to their parent/legal guardian on their 11th birthday to inform them of this change.**

**From 11-16, a parent with proxy access will be able to manage certain elements of the young person’s record, such as demographic data, make appointments and order repeat prescriptions but they will not be able to see the young person’s past appointments or clinical record, although they would still be able to see the current repeat prescription record.**

**On the child’s 16th birthday the remaining proxy access will be switched off, except where the young person is competent and has given explicit consent to the parental access. Again, we will still inform the child and their parent/legal guardian to explain that all proxy access has now been switched off**

**I understand and agree with each of the following statements:**

* I have read and understood the information provided by the practice.
* I will be responsible for the security of the information that I see or download.
* 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. I will treat any information which is not about the patient as being strictly confidential.

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| **Signature (of parent/carer)** |  |
| **Date** |  |

***For practice use only***

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| Patient NHS Number:  |  | Patient Emis Number: |  |
| Staff Member: |  | Photo ID & Proof of Address |[ ]
| Authorised by:  |  | Vouching |[ ]
| Date Account Created:  |  | Signature: |  |
| Level of access enabled | Booking Appointments |[ ]
|  | Requesting repeat medication |[ ]
|  | Accessing Medical Records |[ ]