



Helix Medical Centre

Herts & Essex Hospital, Cavell Drive, Haymeads Lane
Bishops Stortford, Hertfordshire, CM23 5JH.
Tel: 01279 594450

Consent to Proxy Access to GP Online Services

Note: *If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.*

Section 1:

I, (name of patient), give permission to my GP practice to
give the following people proxy access to
the online services as indicated below in section 2.

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

Signature of Patient:

Date:

Section 2:

Accessing the Medical Record for:

(name of patient)

☐

Section 3:

I/We (name/s of representatives) wish to have online
access to the services as stated above for (name of patient).

I/We understand my/our responsibility for safeguarding sensitive medical information and I/we
understand and agree with each of the following statements:

1. I/We have read and understood the information leaflet provided by the Surgery and agree that I will treat the patient information as confidential.	<input type="checkbox"/>
1. I/We will be responsible for the security of the information that I/we see or download.	<input type="checkbox"/>
2. I/We will contact the Surgery as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement.	<input type="checkbox"/>
3. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential.	<input type="checkbox"/>
4. I understand the Surgery will inform me of the outcome of this application once this has been assessed by the GP.	<input type="checkbox"/>

Please Note: Photographic I.D. is to be provided by the 'Proxy Applicant' to the Reception Team at the time of returning the completed application (i.e. Passport / Driving licence).

Signature/s of Representative/s:

Date:



Helix Medical Centre

Herts & Essex Hospital, Cavell Drive, Haymeads Lane
Bishops Stortford, Hertfordshire, CM23 5JH.
Tel: 01279 594450

The Patient

(This is the person whose records are being accessed)

Surname:	First name:
Date of birth:	Email address:
Address:	
Postcode :	
Telephone number:	Mobile number:

The Representatives

(These are the people seeking proxy access to the patient's online record)

Surname:	First name:
Date of birth:	Email address:
Address:	
Postcode :	
Telephone number:	Mobile number:

For use of Practice Reception only:

Patient NHS number:	Date application received:
<u>Identity verified:</u>	
Staff Initials:	Proxy Applicants Photo I.D. seen <input type="checkbox"/>

For Completion by Authorising Clinician only:

Authorising Clinician Signature:	Date:
Proxy Access to Patients Detailed Coded Record: Approved / Declined (please circle)	
If approved - Level of Proxy Access:	
All coded content authorised: [] <u>or</u> coded content authorised from (date):	