



Wilmslow Health Centre – Proxy access registration form

Online version available at https://wilmslowhealthcentre.com/?page_id=228

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. Example – child aged 2 would not be able to consent.

If you are making a proxy access application to access the medical records of a child we will need to see evidence of parental responsibility.

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 terms and conditions provided by the practice

Signature of patient	Date
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Section 2

The Patient - (This is the person whose records are being accessed)

Surname	Date of Birth
First name	
Address	GP Name
Postcode	
Email address	
Telephone number	Mobile number

Booking appointments	
Requesting repeat prescriptions	
Accessing the medical record	

Section 3

I/we..... (names of representatives) wish to have online access to the services ticked in the box above in section 2



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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 practice and agree that I will treat the patient information as confidential	
2. I/we will be responsible for the security of the information that I/we see or download	
3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	
4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice, in writing, as soon as possible. I will treat any information which is not about the patient as being strictly confidential	

Things to consider

<i>Forgotten history</i>	There may be something you have forgotten about in your record that you might find upsetting.
<i>Abnormal results or bad news</i>	If your GP has given you access to test results or letters, you may see something that you 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.
<i>Choosing to share your information with someone</i>	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.
<i>Coercion</i>	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 register for access at this time.
<i>Misunderstood information</i>	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 Practice for a clearer explanation.
<i>Information about someone else</i>	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.

ONLINE ACCESS TERMS AND CONDITIONS

1. The applicant's identity will need to be verified by providing two identifying documents, at least one of which should carry a photograph of the individual. Documents accepted for this



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process are listed in the Appendix. In exceptional cases it may be possible to proceed without ID where the registering patient is very well known to the staff member vouching for them, but this should not be assumed.

2. The service is provided solely for the use of the registered person i.e. the patient, their parent/guardian, carer or power of attorney.
3. Appointments booked using this service must only be booked for the registered patient. Appointments for relatives/friends must be booked using their own credentials.
4. This service can be used to book single 10 minute appointments with the GPs. If you are unsure as to whether it is appropriate to see a doctor, or if a longer appointment is required please contact us by telephone during normal surgery hours.
5. If you need an appointment with a Practice Nurse or Health Care Assistant please contact us by telephone during normal surgery hours (these appointments are of variable length and must be carefully fitted to requirements).
6. Access to the service is provided on the condition that appointments are kept and that the service is not abused in anyway. Repeated failure to attend or cancellation of appointments at short notice will result in withdrawal of the service.
7. Prescriptions that are requested must be collected within 4 weeks. Prescriptions that are not collected within this time scale will be destroyed.
8. To reduce medicines wastage, please only request required prescription items.
9. Passwords/logon credentials should be kept secret. Do not pass on the details of passwords to anyone else.
10. It is the registered user's responsibility to protect any information that may be displayed on screen or downloaded using this service. Sharing this information with any third party is at the user's risk.
11. If you think anyone knows your password or that your account has been accessed without your consent, you must contact the surgery at the first opportunity so that we can suspend your access to the system and provide you with new user credentials.
12. If you access any information through this system about anyone other than yourself or users for whom you are an authorised proxy you must log out and contact the practice as soon as possible to rectify any security breach.
13. The practice cannot guarantee that the online service will be continuously available and cannot accept responsibility for the consequences of any interruption in service provision.
14. Failure to comply with any of the above conditions will result in revocation of access to the service.

Signature/s of representative/s	Date/s
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(These are the people seeking proxy access to the patient's online records, appointments or repeat prescription.)



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Surname	Surname
First name	First name
Date of birth	Date of birth
Address	Address (tick if both same address)
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

For practice use		Verified by	Date
Identity verified through (tick all that apply)	Vouching		
	Vouching with information in record		
	Photo ID		
	Proof of residence		
	Proof of parental responsibility (if applicable)		
Name of person who authorised (if applicable)		Date:	
Date account created			