

JUBILEE FIELD SURGERY

APPLICATION FOR PROXY ACCESS TO ONLINE SERVICES

[Please read this page prior to completing the application form]

What is proxy access?

Proxy access was developed to allow someone other than the patient to access and manage parts of their GP online services account. The proxy either already has their own, or is given their own, online access account (rather than using the patient's login details). It is typically used by the parents of young children and recognised carers of adults.

Any patient, giving consent, may decide to grant access to parts of their online record to a nominated proxy person. This could be as simple as a proxy ordering repeat medications on behalf of the patient.

Proxy access can be used in the NHS App or via the Patient Access website/app, depending on which online services provider you are set up with.

Proxy access can only be managed by the practice and, although we will process requests for access as quickly as possible, can take up to 14 days. Please bear this in mind when making a request.

Identification of the proxy will need to be checked when handing the form back to us.

Age maturity - proxy access to children's records

Proxy access may be granted to a parent or guardian of a patient under the age of 11. Age maturity is part of the proxy access functionality and means that a proxy account will be restricted when the patient reaches the age of 11. This is so that their GP can assess whether the patient is competent to manage their own account. The proxy user will be notified 3 months prior to the patient's birthday.

For patients aged between 11 and 16 years, the patient is required to give explicit consent for their record to be shared with a proxy.

When a patient reaches the age of 16, they are deemed competent to manage their own online account and any proxy access will automatically be revoked.

If the patient wishes for a proxy to continue to have access beyond this point, they can request for the practice to re-enable this access.

If a patient aged older than 11 is deemed as not competent or lacks the capacity to decide on granting proxy access, the patient's GP may grant the proxy access on the patient's behalf.

If a patient wishes to cancel proxy access to their online record, they should inform the practice as soon as possible.

In accordance with Article 8 of the General Data Protection Regulation (GDPR) and Part 2, Chapter 2, paragraph 9 of the Data Protection Act 2018 (DPA 2018), from the age of 13, young people are able to provide their own consent and will be able to register for online services.

Patients wanting to have their own online services account set up can do so via the NHS App or by visiting the practice in person and providing proof of ID.

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PROXY ACCESS APPLICATION FORM *(page 1 of 2)*

Patient Details			
Forename:		Surname:	
Date of birth:		NHS number:	
Address:		Postcode:	
Telephone number(s):		Usual GP:	

Details of nominated proxy person			
Forename:		Surname:	
Date of birth:		NHS number:	
Address:	<i>[If different from patient's]</i>	Postcode:	<i>[If different from patient's]</i>
Telephone number(s):		Relationship to patient:	

I, (Name of patient), give permission for my nominated person (detailed above) to have proxy access to the following ***(please tick as appropriate)***:

Booking appointments	
Requesting repeat prescriptions	
Accessing parts of my medical record <i>(e.g., immunisations, test results, documents)</i>	

I have read and understood the information on the previous page. I understand the risks of allowing someone else access to my online services record and am aware that I can request for this access to be cancelled at any time by notifying the practice.

***Signature of patient:** _____ **Date:** _____

* Children under the age of 11 are not required to sign this

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PROXY ACCESS APPLICATION FORM (page 2 of 2)

Declaration from nominated proxy person

I have read and understood the information on the first page of this proxy access application document and agree that I will treat all information confidentially and will not disclose this information to any third party without explicit consent from the patient named on the previous page. If I see any information which is not relating to the patient, or is inaccurate, I will let the practice know.

*Signature of nominated proxy: _____ Date: _____

FOR PRACTICE USE ONLY

Date stamp when form received:			
Identity verified by (initials of staff):		Method:	<input type="checkbox"/> Vouching (if patient known to staff) <input type="checkbox"/> Vouching via information in record <input type="checkbox"/> Photo ID and proof of address
Safeguarding check of record: (If applicable)			
Proxy Access authorised by (initials of staff):		Proxy Access set up (enter date):	