**Longford Street Medical Centre**

**Online Services Proxy Access**

**Information Leaflet & Application Form**

*Message to Patient: Please retain page 1 the information leaflet for your future reference. If you wish to register for on-line services, please complete the form on pages 2 & 3 and return to reception with your ID.*

**Proxy Access**

This is where someone is given access another person’s medical record. For example:

* A patient aged 16 or over can choose who to give access to this could be a carer, partner, parent or another family member.
* A parent or guardian who has legal responsibility for a patient under 11 can request access.

The proxy does not have to be a registered patient at the practice, but must be registered for online services on the GP system and always use their own login credentials.

To be given proxy access, a patient’s representative must have the informed consent of the patient or, in cases where the patient does not have capacity to consent, the GP has decided that it is in the best interests of the patient for them to have proxy access.

Patients aged 16 or above are assumed to have the capacity to consent unless there is an indication that they are not

Legitimate reasons for the practice to authorise proxy access without the patient's consent include:

* The patient has been assessed as lacking capacity to make a decision on granting proxy access and
  + the applicant has a lasting power of attorney for health and welfare registered with the Office of the Public Guardian,
  + the applicant is acting as a Court Appointed Deputy on behalf of the patient, or
  + the GP considers it to be in the patient’s interest in accordance with the Mental Capacity Act 2005 code of practice.

The practice may refuse or withdraw proxy access, if they judge that it is in the patient’s best interests to do so.

On a child’s 11th birthday, the scope of the current proxy access will be restricted. 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.

|  |
| --- |
| **Longford Street Medical Centre**  **Online Services Proxy Access Application Form** |

**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 (patient to complete). NOT REQUIRED FOR UNDER 11s)**

I,………………………………………………….. (name of patient), give permission to my GP practice to give the following person ….………………………………………………………………..…………….. 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**

|  |  |
| --- | --- |
| 1. Online appointments booking | 🞏 |
| 1. Online prescription management | 🞏 |
| 1. Accessing core summary medical record (Medications, Allergies and Adverse Reactions) | 🞏 |

**Section 3**

I…………………………………………………………………………….. (name of representative) wish to have online access to the services ticked in the box above in section 2

for ……………………………………….……… (name of patient).

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

|  |  |
| --- | --- |
| 1. I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential | 🞏 |
| 1. I will be responsible for the security of the information that I/we see or download | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my/our agreement | 🞏 |
| 1. 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 | 🞏 |

|  |  |
| --- | --- |
| Signature of representative | Date |

**Patient ID Required - Two original forms of identity from Appendix 1. One must be photo ID**

**Birth Certificate required for a child under 11.**

**Representative / Proxy ID is required - Two original forms of identity from Appendix 1. One must be photo ID**

**The Patient**

(This is the person whose records are being accessed)

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

**The Representatives**

(This is the person seeking proxy access to the patient’s online core summary record, appointments or repeat prescription.)

|  |
| --- |
| Surname |
| First name |
| Date of birth |
| Address  Postcode |
| Email |
| Telephone |
| Mobile |

**For Reception Use:**

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified by  (initials) | Date | Method of verification  Vouching 🞏  Vouching with information in record 🞏  Photo ID and proof of residence 🞏 | |
| The patient’s NHS number | | The patient’s EMIS number | |
| **For GP Use:** | | |  |
| Proxy access authorised by | | | Date |
| **For Admin Use:** | | | |
| Date access enabled: | | | |
| Level of record access enabled  Appointments   Prescriptions   Core Summary Record  | | Notes / comments on proxy access | |

**Appendix 1 - Acceptable Identity Evidence**

Based on the requirements of the Good Practice Guide, the options for presentation of documents are as follows:-

Two pieces of Level 3 evidence; or

One piece of Level 3 evidence and one piece of Level 2 evidence

From the acceptable identity evidence listed in the table below. **In either case, one piece of evidence MUST include a photograph**

|  |  |
| --- | --- |
| **Level 2 Identity Evidence** | **Level 3 Identity Evidence** |
| * Birth Certificate * Adoption Certificate * Marriage Certificate * Firearm Certificate * DBS Enhanced Disclosure Certificate * HMG issued convention travel document * HMG issues stateless person document * HMG issued certificate of travel * HMG issued certificate of identity * Fire brigade ID card * Police warrant card * Contents insurance * Buildings insurance * Vehicle insurance * Mobile telephone contract account * Non-bank savings account * Freedom pass * National 60+ bus pass * An education certificate gained from an educational institution regulated or administered by a Public Authority (eg.GCSE, GCE, A Level, O Level) * Unsecured personal loan account (excluding pay day loans) * An education certificate gained from a well-recognised higher educational institution * Residential property rental or purchase agreement * Proof of age card issued under the Proof of Age Standards Scheme (without a unique reference number) * UK asylum seekers Application Registration Card (ARC | * Passports that comply with ICAO 9303 (Machine Readable Travel Documents) * EEA/EU full driving licences that comply with European Directive 2006/126/EC Mortgage account * Mortgage account * Buy to let mortgage account * Bank credit account (credit card) * Bank savings account * Retail bank/credit union/building society current account * Student loan account * Secured loan account (including hire purchase) * Non-bank credit account (including credit/store/charge cards) * Armed Forces ID card * Digital tachograph card * Northern Ireland Voters Card * US passport card * EEA/EU Government issued identity cards that comply with Council Regulation (EC) No 2252/2004 * Proof of age card issued under the Proof of Age Standards Scheme (containing a unique reference number) |