

## PROXY APPLICATION FORM FOR ONLINE ACCESS

Online access allows you to manage your healthcare at home, on your computer, smartphone or tablet within the UK!

It gives you the option to: book/cancel appointments, order prescriptions, view your summary care record and message the doctor or surgery.

**Proxy Access** allows an individual to have access to another patient's online services. Choosing to share your information with others is the patient's choice and it remains their responsibility to keep their information safe and secure.

An applicant can have Proxy Access to another patient's online services if;

- The patient is aged 16 or over and lacks capacity to make decisions about their healthcare.
- The patient is aged 0-11 years and the applicant can prove parental responsibility.
- The patient has given their consent to allow the applicant proxy access.

Proxy access must be verified AND authorised by a GP. Each case will be considered individually with the interests of the patient in question being paramount. Please note any proxy access of parents is removed when the child turns 11.

**Winton Health Centre has the right to remove your online access if you do not use it responsibly or if there is evidence that access may be harmful to you.  
Access is given at the discretion of your GP.**

Please ensure both the patient and proxy have read and understood the following things to consider:

- Forgotten history - there may be something you have forgotten about in your record that you might find upsetting.
- Coercion - 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.
- Misunderstood information - your summary care record (SCR) is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your (SCR) may be technical, written by specialists and not easily understood. If you require further clarification, please contact the medical centre.
- Information about someone else - if you notice something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the health centre as soon as possible.

### Login details

If the proxy user is a WHC patient with an online account, you will find the account linked **within the proxy's own** online account. For new users, you will initially be registered for your own online account and login details will be provided via email to the proxy user, you will then find the patient's account linked **within your own** online account.

It will be your responsibility to keep the username and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately. If you can't do this, we recommend that you contact the health centre so that they can remove online access until you are able to reset your password.

When using online access, be careful that nobody can see your records on screen, be especially careful if you use a public computer to shut down the browser and switch off the computer after you have finished.

The service is completely voluntary and if you do not want to use it, your treatment will not be affected in any way. Please note this is a 'read only' service. You cannot alter your medical record.

**To apply for proxy access please complete the form overleaf and return (in person) to reception with photo ID for both the patient and the individual requesting proxy access.**

Housebound patients are requested to attach a signed letter of consent in addition to this form.

*Please note: Detailed Coded Record Access and Full Clinical Record Access is not available for proxy access.*

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INITIALS .....

**REQUEST FOR PROXY ACCESS— PLEASE COMPLETE IN BLOCK CAPITAL LETTERS**

**To be completed by the PATIENT (whose records are being accessed):**

<b>Patient's Full Name</b>		<b>Date of Birth</b>	
I give permission to my GP surgery to give .....(name of proxy) access to the following online services: (please tick)			
<input type="checkbox"/> Booking/cancelling appointments			
<input type="checkbox"/> Requesting prescriptions			
<input type="checkbox"/> Viewing summary care record			

- \* I have read and understood the information on the sheet provided
- \* I reserve the right to reverse my decision in granting proxy access at any time
- \* I understand the risks of allowing someone else to access my online record

**Signature of Patient:** ..... **Date:** .....

**To be completed by the PROXY (who is seeking access):**

<b>Proxy's Full Name</b>		<b>Date of Birth</b>	
<b>Address</b>			
<b>Email</b>			
<b>Preferred Contact Number</b>			
<b>Relationship to Patient</b>			

- \* I have read and understood the information on the sheet provided
- \* I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement
- \* 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.

**On handing this in—the patient and proxy need to be present with a valid form of photo identification (i.e. passport, driving license or ID card). Housebound patients are requested to attach a signed letter of consent in addition to this form along with their photo ID.**

**IT MAY TAKE US 30 DAYS TO PROCESS THIS.**

**Signature of Proxy:** ..... **Date:** .....

**For staff use only: GREEN**

Form received & ID provided & verified—PHOTOCOPY OF **BOTH** IDs TAKEN .....