## Annex B – Application for proxy access to online services

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient details:** | | | |
| **Surname** |  | **Forename** |  |
| **Date of birth** |  | **NHS number** |  |
| **Street** |  | **Region** |  |
| **Town or city** |  | **Postcode** |  |
| **Telephone** |  | **GP details** |  |
| **Nominated individual details:** | | | |
| **Surname** |  | **Forename** |  |
| **Date of birth** |  | **NHS number** |  |
| **Street** |  | **Region** |  |
| **Town or city** |  | **Postcode** |  |
| **Telephone** |  | **GP & practice** |  |

I give permission for my nominated individual to have proxy access to the online services as detailed below:

|  |  |
| --- | --- |
| Booking appointments |  |
| Requesting repeat prescriptions |  |
| Accessing my medical record |  |

**I am aware that my GP may overrule my decision at any time and that this authorisation will remain in force until ……/……/…… or until cancelled by me (in writing). I understand the risks of allowing someone else access to the online services detailed above.**

|  |  |
| --- | --- |
| **Signature (of patient)** |  |
| **Date** |  |

**I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of the person named as the patient above. I will only use this information in the best interests of the patient.**

|  |  |
| --- | --- |
| **Signature (of nominated individual)** |  |
| **Date** |  |

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**For practice use only**

|  |  |  |  |  |
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|  | | |  | |
| Identity verified by (initials) | Date | | Method  Vouching   Vouching with information in record   Photo ID and proof of residence  | |
| Authorised by | | | | Date |
| Date account created | | | | |
| Date passphrase sent | | | | |
| Level of record access enabled  All   Prospective  Retrospective   Detailed coded record   Limited parts  | | Notes / explanation | | |