

# PRINCES GARDENS SURGERY

## Registration Form Access to GP Online Services For children aged 11 - 15

### 1) PATIENT DETAILS

Surname:	Date of birth:
First name:	Age:
Address:	
Postcode:	
Telephone number:	

Children aged 11 – 15 can:

- 1) *Access their own GP services online*
- 2) *Allow a parent/carer/guardian access to some or all services (proxy access)*
- 3) *Allow a combination of 1) + 2)*

**The child's GP may need to discuss online access with him/her  
and/or any proxy applying for access on the child's behalf**

### 2) ACCESSING YOUR OWN ONLINE SERVICES

*I would like access to the following services  
(leave all unticked if you do not want your own access but just allow proxy access)*

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Booking my appointments	<input type="checkbox"/>
Requesting my repeat prescriptions	<input type="checkbox"/>
Updating my contact details (demographics)	<input type="checkbox"/>
Secure online access to my full electronic GP record	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• I will be responsible for the security of the information that I see or download</li> <li>• If I choose to share information with anyone else, this is at my own risk</li> <li>• I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement</li> <li>• If I see information in the record that is not about me, or inaccurate, I will contact the practice as soon as possible</li> </ul>	
Signature:	
Date:	

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## 3) PROXY ACCESS

**You can choose which services to allow your parent/guardian/carer to be able to access online**

- I hereby give permission to my GP practice to give the person(s) listed below proxy access to the following services on my behalf (please tick):

<b>Booking my appointments</b>	<input type="checkbox"/>
<b>Requesting my repeat prescriptions</b>	<input type="checkbox"/>
<b>Updating my contact details (demographics)</b>	<input type="checkbox"/>
<b>Secure online access to my full electronic GP record</b>	<input type="checkbox"/>

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- 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 proxy access to my health records, should I have authorised this

**Signature:**

**Date:**

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If the child is unable to provide informed consent to proxy access, please indicate why:

## ***Proxy Users***

- **I will be responsible for the security of the information that I see or download**
- **If I choose to share information with anyone else, this is at my own risk**
- **I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement**
- **If I see information in the record that is not about the child, or inaccurate, I will contact the practice as soon as possible**

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<b>Full Name:</b>	
<b>DOB:</b>	
<b>Address:</b>	
<b>Tel. No:</b>	
<b>Email address:</b>	
	<b>Are you already registered at Princes Gardens Surgery for GP online services?</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Relationship to patient:</b>	
<b>Signature:</b>	
<b>Date:</b>	

<b>Full Name:</b>	
<b>DOB:</b>	
<b>Address:</b>	
<b>Tel. No:</b>	
<b>Email address:</b>	
	<b>Are you already registered at Princes Gardens Surgery for GP online services?</b>  <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
<b>Relationship to patient:</b>	

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<b>Signature:</b>	
<b>Date:</b>	

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*For Reception use: ID FOR ALL PARTIES REQUIRED*

Patient NHS number	EMIS ID number	GP
<p>Identity verified by (FULL NAME):</p> <p>Sign:</p> <p>Date:</p>	<p><u>Patient ID</u>: Tick all that apply:</p> <p>Personal vouching <input type="checkbox"/></p> <p>Vouching with information in record <input type="checkbox"/></p> <p>Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></p> <p>Proof of residence <input type="checkbox"/></p>	
<p>Identity verified by (FULL NAME):</p> <p>Sign:</p> <p>Date:</p>	<p><u>PROXY 1</u>: Tick all that apply:</p> <p>Personal vouching <input type="checkbox"/></p> <p>Vouching with information in record <input type="checkbox"/></p> <p>Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></p> <p>Proof of residence <input type="checkbox"/></p> <p>Does this proxy have PARENTAL RESPONSIBILITY? <input type="checkbox"/></p>	



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<p><b>Identity verified by (FULL NAME):</b></p> <p><b>Sign:</b></p> <p><b>Date:</b></p>	<p><b><u>PROXY 2:</u> Tick all that apply:</b></p> <p style="text-align: right;">Personal vouching <input type="checkbox"/></p> <p style="text-align: right;">Vouching with information in record <input type="checkbox"/></p> <p style="text-align: right;">Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></p> <p style="text-align: right;">Proof of residence <input type="checkbox"/></p> <p><b>Does this proxy have PARENTAL RESPONSIBILITY? <input type="checkbox"/></b></p>
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## *Parental responsibility:*

- If the birth mother
- If the birth father and married to the mother at the time of child's birth or subsequently
- If the birth father and *not* married to the mother, but the child
  - was born after 01/12/2003 *and*
  - father's name is on the birth certificate
- If an adoptive parent
- If the child's legal guardian
- If has court-appointed parental responsibility