PRINCES GARDENS SURGERY

Registration Form Access to GP Online Services
PROXY ACCESS for adults aged 16+

1) PATIENT DETAILS

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

2) ONLINE SERVICES REQUESTED

Booking my appointments	☐
Requesting my repeat prescriptions	☐
Updating my contact details (demographics)	☐
Secure online access to my full electronic GP record	☐

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3) PATIENT CONSENT

If the patient is unable to provide informed consent to allow proxy access (e.g. has severe dementia, learning difficulties etc.) then go to section 4.

- I hereby give permission to my GP practice to give the person(s) listed below proxy access to the above-indicated online services on my behalf

- 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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4) IF PATIENT UNABLE TO GIVE INFORMED CONSENT

Please indicate why this is not possible, whether LPA is in force etc.:

5) <u>PROXY USER(S)</u>

- **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 patient or inaccurate, I will contact the practice as soon as possible**

Full Name:	
DOB:	
Address:	

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Tel. No:	
Email address:	
	Are you already registered at Princes Gardens Surgery for GP online services? ☐ **Yes** ☐ **No**
Relationship to patient:	
Signature:	
Date:	

Full Name:	
DOB:	
Address:	
Tel. No:	
Email address:	
	Are you already registered at Princes Gardens Surgery for GP online services? ☐ **Yes** ☐ **No**
Relationship to patient:	
Signature:	

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Patient NHS number	EMIS ID number	GP

Identity verified by (FULL NAME): Sign:	**Patient ID: Tick all that apply:** Personal vouching ☐ Vouching with information in record ☐ Birth Certificate/Passport/Photo Driving Licence ☐ Proof of residence ☐
Date:	**PROXY ID: Tick all that apply:** Personal vouching ☐ Vouching with information in record ☐ Birth Certificate/Passport/Photo Driving Licence ☐ Proof of residence ☐

Remind proxy that the patient's GP *might* need to discuss this application further with either the patient, or the proxy, or both

Advise that the practice will contact the proxy to collect registration details if proxy is not already registered for online access, or the proxy might be emailed the details directly

Otherwise, proxy access will be automatically activated once GP has approved application