

PROXY APPLICATION FORM FOR ONLINE ACCESS

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.

It gives you the option to: book/cancel appointments, order prescriptions and view the summary care record (additional form required if you would like full clinical record access).

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.

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. More information at <http://www.westbournemedical.com/index.php/services/online-services>

Westbourne Medical 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.

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 medical centre as soon as possible.

Login details

If the proxy user is a WMC 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 medical 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: If you require Full Clinical Record Access please complete both this form and the DSAR additional form available on the website or from reception.

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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):

Patient's Full Name		Date of Birth	
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):

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

- * 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:

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

2 **PROXY**

Proxy access granted/ refused on: