PROXY APPLICATION FORM FOR ONLINE ACCESS

Proxy Access: This allows an individual to have access to another patient's online services with consent. The proxy can view and cancel appointments, order medication and view the summary care record. An additional form is required if the proxy would like full clinical record access (DSAR) available on our website or from reception. Each case will be considered individually with the interests of the patient being paramount.

Age groups for proxy:

- Patients **aged 0-11** years and the proxy has parental responsibility (proxy access is automatically removed when the child turns 11).
- Patients **aged 11-16** proxy access is not offered, unless individual circumstances are agreed within the child's best interest and a GP has assessed the child's capacity to give informed consent.
- Patients **aged 16 or over** and lack capacity to make decisions about their healthcare.
- Patients **aged 16 or over** that have given their consent to allow someone else proxy access.

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.

Things to consider:

- Forgotten history - there may be information that you have forgotten about in your record that you might find upsetting.
- Coercion - if you think you may be pressured into sharing details from your record to someone else against your will, it is best that you do not register for online access at this time.
- Misunderstood information - the information within your record includes medical terminology and abbreviations, written by Clinicians and may not be easily understood.
- 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:

Proxy users registered at Westbourne Medical Centre will need to ensure they have their own online account (SystmOnline or Airmid) set up first. Once proxy access is granted, the patients record will be linked to your online account.

Proxy users that are not registered at Westbourne Medical Centre will be set up with an online account (SystmOnline or Airmid) here first. Once proxy access is granted, the patients record will then be linked to your online account at Westbourne Medical Centre.

By completing this application, you are agreeing for your username and password to be sent to the email address or mobile number that you have provided. You must remember your login details and keep them secure.

When using online services, be careful that nobody can see your records on screen. If using a public computer don't enable the computer to save your username or password for future use and when finished ensure you sign out of the platform or website.

Granting proxy access is voluntary and if you do not wish to allow others access, your care will not be affected in any way. Please note this is a 'read only' service. The medical record cannot be altered.

To apply for proxy access please sign and complete both pages of the form then return (in person) to reception with photo ID for both the patient and the proxy user. Housebound patients are required to attach a signed letter of consent in addition to this form.

I have read and understood the information above and overleaf regarding proxy access:

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

Signature of Proxy: …… **Date:** ……..

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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:

Name of Proxy: ……..

- ☐ View and cancel appointments
- ☐ Request medication
- ☐ View summary care record

- I have read and understood the information on the sheet provided
- I reserve the right to withdraw 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** (the individual 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 above and overleaf regarding proxy access.
- If I suspect that my account has been accessed by someone, I will contact the medical centre.
- 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.

Return this form in person to reception with photo ID for both the patient and proxy user. Housebound patients are required to attach a signed letter of consent in addition to this form.

IT MAY TAKE UP TO 30 DAYS TO PROCESS THIS APPLICATION

Signature of Proxy: …… **Date:** ……..

☐ *Driving Licence*
☐ *Passport/ ID Card*
☐ *Vouched for by GP*

FOR STAFF USE ONLY
UPDATED 02/05/2025

PROXY APPLICATION

GRANTED OR REFUSED *(circle one)*

ID checked by: ……

Received on: ……

Processed on: ……