



**PEVERELL PARK SURGERY**  
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Consent to proxy access to GP online services

Note: If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest section 1 of this form may be omitted.

**Section 1**

I, .....(name of patient), give permission to my GP practice to give the following people..... proxy access to the online services as indicated below in section 2.

I reserve the right to reverse any decision I make in granting proxy access at any time.

I understand the risks of allowing someone to have access to my health records.

I have read and understand the information leaflet provided by the practice

Signature of patient:

Date:

**Section 2**

1. Online appointments booking
2. Online prescription management
3. Accessing the medical records for

**Section 3**

I/We .....(names of representatives) wish to have online access to the services ticked in the box above in section 2 for

.....(name of patient).

I/We understand my/our responsibility for safeguarding medical information and I/we understand and agree with each of the following statements:

1. I/We have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential
2. I/We will be responsible for the security of the information that I/we see or download
3. I/We will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement
4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential

Signature/s of representative/s

Date/s

## The patient

(This is the person whose records are being accessed.)

Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
First name: \_\_\_\_\_  
Address: \_\_\_\_\_  
  
Postcode: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

## The representatives

(These are the people seeking proxy access to the patient's online records, appointments or repeat prescriptions.)

Surname: _____	Surname: _____
First name: _____	First name: _____
Date of birth: _____	Date of birth: _____
Address: _____	Address: _____
Postcode: _____	Postcode: _____
Email: _____	Email: _____
Telephone: _____	Telephone: _____
Mobile: _____	Mobile: _____

For Practice use ONLY

The patients NHS number:		The practice computer ID number:
Identify verified by (initials)	Date:	Method of verification: Vouching <input type="checkbox"/> Vouching with info in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>
Proxy access authorised by:		Date:
Date account created:		
Date passphrase sent		
Level of record access enabled: All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>	Notes/ comments on proxy access:	