|  |  |
| --- | --- |
| Childs Surname |  |
| Childs First name |  |
| Childs Date of birth |  |
| Childs Address |  |
| Postcode |  |

**Patient Online Registration**

**Access to GP online services on behalf of a Child**

## I wish to access: (tick all that apply):

|  |  |
| --- | --- |
| 1. Booking appointments | 🞏 |
| 1. Requesting repeat prescriptions | 🞏 |
| 1. Accessing the above named medical record | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Proxy’s Surname |  | | |
| Proxy’s First name |  | | |
| Proxy’s Date of birth (used to identify you) |  | | |
| Proxy’s Address if different from above |  | | |
| Postcode |  | | |
| Email address | (please ensure this is secure) | | |
| Telephone number |  | Mobile number |  |

**Proxy Access Details**

In signing this form I confirm that I have read the advice in section 2 and understand and agree with each statement below (please tick)

|  |  |
| --- | --- |
| 1. I have read and understood the information on the reverse of this form | 🞏 |
| 1. I will be responsible for the security of the information that I see or download | 🞏 |
| 1. If I choose to share the information with anyone else, this is at my own risk | 🞏 |
| 1. I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement | 🞏 |
| 1. If I see information in the record that is inaccurate I will log out immediately and contact the practice as soon as possible | 🞏 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

### For practice use only

|  |  |  |  |
| --- | --- | --- | --- |
| Identity verified through  (tick all that apply) | Vouching 🞏  Vouching with information in record 🞏  Photo ID 🞏  Proof of residence 🞏 | Name of verifier | Date |
| Name of person who completed patient record check: |  | | Date |

**Section 2 - Important Information – Please read before returning this form**

This form will take 10 working days from receipt to action. Once we have opened your record for you to access, your login details will be sent via email to the account you have stated on this form. If you have not supplied a secure email address then you can collect the login details from your local surgery at the Reception desk.

**It will be your responsibility to keep your login details 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 for some reason, we recommend that you contact the practice so that they can remove online access until you are able to reset your password.

**If you print out any information from your record, it is also your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.**

**Please note: If we have any reason to believe that in giving you online access this may cause you physical and/ or mental harm the practice reserve the right to refuse you online access. Patients records will be checked upon receipt of this form in order to verify details and carry out safeguarding checks in line with legislation. If we are unable to offer you online access this will be discussed with you.**

**Proxy Acess**

**Your access will be removed when the child named on this form reaches the age of 11 years.**

Please request a copy of our Online Access Policy for full information in respect of our online services.

## Section 3 - Before you apply for online access to, there are some other things to consider.

Although the chances of any of these things happening are very small, you will be asked that you have read and understood the following before you are given login details.

|  |
| --- |
| **Forgotten history**  There may be something you have forgotten about in your record that you might find upsetting. |
| **Abnormal results or bad news**  If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them. Please be assured anything that requires urgent attention will be actioned BEFORE it has been added to your patient record as information is added after review by a clinician. |
| **Choosing to share your information with someone**  It’s up to you whether or not you share your information with others – perhaps family members or carers. It’s your choice, but also your responsibility to keep the information safe and secure. |
| **Coercion**  If you think you may be pressured into revealing details from the patient record to someone else against your will, it is best that you do not register for access at this time. |
| **Misunderstood information**  Medical records are designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within medical records may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation. |
| **Information about someone else**  If you spot something in the record that is not correct or notice any other errors, please log out of the system immediately and contact the practice as soon as possible. |

## More information

For more information about keeping your healthcare records safe and secure please contact the surgery.