

REQUEST FOR PROXY ACCESS TO ONLINE SERVICES FOR CHILDREN 0 – 15 YEARS

Section 1

I/we..... (names of representatives)

wish to have online access to the services ticked in the box in section 2

for (name of patient).

Section 2

For children aged 0 – 10 years

1. Online appointments booking	☐
2. Online repeat prescription management	☐

For children aged 11 – 15 years

1. Online appointments booking	☐
<i>We do not offer proxy access to prescription management for 11-15 year olds</i>	

Please note that on the patient's 11th and 16th birthday the proxy access will be automatically disabled and new application will need to be made.

Section 3

The Patient (This is the person whose records are being accessed)

Surname:	Date of birth:
First name:	
Address:	
Postcode:	
Telephone number:	Mobile number:

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

Surname:	Surname:
First name:	First name:
Date of birth:	Date of birth:
Address:	Address: (tick if both same address ☐)
Postcode:	Postcode:
Telephone:	Telephone:
Mobile:	Mobile:
Relationship to patient:	Relationship to patient:

Please turn over

I/we understand my/our responsibility for safeguarding sensitive 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	☐
3. I/we will be responsible for the security of the information that I/we see or download	☐
4. 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	☐
5. 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:
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PLEASE NOTE THAT IN ORDER FOR US TO PROVIDE YOU WITH ONLINE ACCESS YOU MUST PROVIDE US WITH PHOTO ID (ORIGINAL DOCUMENT). IF YOU ARE UNABLE TO PROVIDE PHOTO ID, YOU WILL NEED TO PROVIDE TWO OTHER FORMS OF ORIGINAL IDENTIFICATION DOCUMENTS. PLEASE SEE LIST OF DOCUMENTS ON PAGE 2 FOR FURTHER INFORMATION.

PATIENT ONLINE ACCESS LOGIN DETAILS WILL ONLY BE GIVEN TO PATIENTS IN PERSON.

IDENTITY VERIFICATION

PHOTO IDENTIFICATION (One form of PHOTO ID from the list below.)	Please Tick Document Provided
Current Valid Passport	
Biometric Residence Permit (UK)	
Current valid Driving Licence (UK)	
EU National ID Card	

OTHER FORMS OF IDENTIFICATION DOCUMENTS (Two forms of identification from the following list must be provided if patient does not have a PHOTO ID.)	Please Tick Document Provided
Birth Certificate	
Marriage/Civil Partnership Certificate (UK and Channel Islands)	
Adoption Certificate (UK and Channel Islands)	
HM Forces ID Card (UK)	
Fire Arms License (UK and Channel Islands)	
Bank/Building Society Statement issued within the past 12 months (UK or EEA ONLY)	
Utility Bill (UK) less than 3 months old – NOT Mobile Telephone	
Benefit Statement issued within the past 12 months - e.g. Child Allowance, Pension	
A document from Central/Local Government/Government Agency/Local Authority giving entitlement issued within the past 12 months (UK & Channel Islands) e.g. from the Department for Work and Pensions, the Employment Service, Customs & Revenue, Job Centre, Job Centre Plus, Social Security.	
Credit Card Statement issued within the past 12 months (UK or EEA)	
Mortgage Statement less than 3 months old (UK or EEA)	
Financial Statement less than 3 months old (UK) e.g. pension, endowment, ISA	
P45/P60 Statement less than 3 months old (UK & Channel Islands)	
Council Tax Statement less than 3 months old (UK & Channel Islands)	
Work Permit/Visa less than 3 months old (UK) (UK Residence Permit valid up to expiry date)	
Bank/Building Society (UK) Account Opening Confirmation Letter	

Letter of Sponsorship from future employment provider (Non-UK/Non-EEA only – valid only for applicants residing outside of the UK at time of application)	
Cards carrying the PASS accreditation logo (UK and Channel Islands)	
Letter from Head Teacher or College Principal (UK) (16 - 19 year olds in full time education (only used in exceptional circumstances when all other documents have been exhausted)	

For Practice Use Only

Identity Verified for person requesting access (tick all that apply) RECEPTIONISTS TO COMPLETE	Photo ID seen ☐	Name of Verifier	Date
	If no Photo ID provided:		
	Two forms of identification documents seen from above list ☐		
	If patient is unable to provide any forms of identification for a valid reason but is known to you, you may: Vouch for the patient to confirm their identity ☐		
MEDICAL ADMINISTRATORS TO COMPLETE:			
Proxy access authorised by:		Date:	
Date account created:			
Date account details provided:			
Level of record access enabled ☐ Appointments ☐ Repeat Prescriptions	Notes / comments on proxy access		