Hampstead Group Practice
75 Fleet Road
London
NW3 2QU

Tel: +44 20 7435 4000
Fax: +44 20 7435 9000

www.hampsteadgroupppractice.co.uk

REQUEST FOR PROXY ACCESS TO ONLINE SERIVCES FOR ADULTS

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 else to have access to my health records.

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

Section 2

1. Online appointments booking	☐
2. Online repeat prescription management	☐
3. Accessing my medical record (includes the following) • Problems • Medications • Test results • Immunisations • Allergies and Adverse reactions • Documents • Consultations ***Please note that online access to medical records may require longer to approve.***	☐

Section 3

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

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	☐
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:

Please turn over

Section 4

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 prescription)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address Postcode	Address (tick if both same address ☐) Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile

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 VERTIFICATION – for patient and representatives

PHOTO INDENTIFICATION (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

<table>
<tr><td>Identity Verified for Patient and the Person requesting proxy access (tick all that apply)

RECEPTIONISTS TO COMPLETE</td><td>• Photo ID seen ☐

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 ☐</td><td>Name of Verifier</td><td>Date</td></tr>
<tr><td colspan="4">MEDICAL ADMINISTRATORS TO COMPLETE:</td></tr>
<tr><td colspan="3">Proxy access authorised by:</td><td>Date:</td></tr>
<tr><td colspan="4">Date account created:</td></tr>
<tr><td colspan="4">Date account details provided:</td></tr>
<tr><td colspan="2">Level of record access enabled
☐Appointments
☐Repeat Prescriptions</td><td colspan="2">Notes / comments on proxy access</td></tr>
</table>