



Minchinhampton Surgery

Application for proxy access to online services

Patient details:			
Surname		Forename	
Date of birth		NHS number	
Street		Region	
Town or city		Postcode	
Telephone		GP details	
Nominated individual details:			
Surname		Forename	
Date of birth		NHS number	
Street		Region	
Town or city		Postcode	
Telephone		GP & practice	

I give permission for my nominated individual to have proxy access to the online services as detailed below:

Booking appointments	
Requesting repeat prescriptions	
Accessing my medical record	

I am aware that my GP may overrule my decision at any time and that this authorisation will remain in force until/...../..... or until cancelled by me (in writing). I understand the risks of allowing someone else access to the online services detailed above.

Signature (of patient)	
Date	

I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of the person named as the patient above. I will only use this information in the best interests of the patient.

Signature (of nominated individual)	
Date	

For practice use only

Patient NHS number		Practice computer ID number	
Identity verified by (initials)	Date	Method Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID and proof of residence <input type="checkbox"/>	
Authorised by			Date
Date account created			
Date passphrase sent			
Level of record access enabled		Notes / explanation	
All <input type="checkbox"/> Prospective <input type="checkbox"/> Retrospective <input type="checkbox"/> Detailed coded record <input type="checkbox"/> Limited parts <input type="checkbox"/>			