**TROWBRIDGE HEALTH CENTRE**

**Application For Proxy Access To Online Services (13+)**

* 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.
* This form needs to be brought to reception in person with suitable ID, by the patient who is allowing access to their records. If this is not possible, please speak to one of the reception team

**Please provide details below of the person whose records need to be accessed.**

|  |  |
| --- | --- |
| Surname | Date of birth |
| Forename(s) |
| Address  Postcode  |
| Email address |
| Home Telephone number | Mobile number |

Please indicate which services you wish to be accessed.

|  |
| --- |
| ***Please tick all that apply*** |
| [ ]  View & book appointments |
| [ ]  View & request medication |
| [ ]  Complete online clinical forms and clinical questionnaires[ ]  Access Summary Care Record[ ]  Access coded medical record *(contains any medical codes that have been recorded)* |
| [ ]  \*Access full medical record *(contains medical codes* ***and*** *any free text that has been recorded) (\*Access to your Full Medical Records will be from 1st February 2023 or the date you registered with Trowbridge Health Centre if later than that date).* |

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 provided on page 3 of this form.

|  |  |
| --- | --- |
| Signature of patient | Date |

Please turn over to complete page 2

2

**Please provide details below of the person / people who are to be given online access to the person named on page 1.**

|  |  |
| --- | --- |
| Surname | Surname |
| Forename(s) | Forename(s) |
| Date of birth | Date of birth |
| AddressPostcode  | Address Postcode |
| Email Address | Email Address |
| Home Telephone Number | Home Telephone Number |
| Mobile Number | Mobile Number |
| Your relationship to the person on page 1 | Your relationship to the person on page 1 |
| Are **you** registered at Trowbridge Health Centre –  🞏Yes 🞏No | Are **you** registered at Trowbridge Health Centre - 🞏Yes 🞏No |
| **Signature** | **Signature** |
| Date | Date |

|  |  |
| --- | --- |
| I/we have read and understood the information provided on page 4 of this form and agree that I will treat the patient information as confidential | 🞏 |
|  I/we will be responsible for the security of the information that I/we see or download | 🞏 |
| 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 | 🞏 |
| 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 | 🞏 |

Please continue to complete page 3

3

Additional option - Consent to share confidential Information with a Third Party.

The Data protection act 2018 and the ethical codes of conduct of all health care professionals require that medical data be treated with great respect for confidentiality. We are not permitted to share any medical details with a third party without your consent.

If you wish to give your consent for someone to **talk on your behalf** as well as access your online record, please complete all the sections below. If in the future, you change your mind and wish to remove the consent to share your information, it is your responsibility to inform us.

I ………………………………………………. Give my consent to share & discuss my medical Information with the person(s) listed on page 2 of this consent form.

Please tick which information you consent to be shared.

Test Results 🞏Yes 🞏No

Appointment Information 🞏Yes 🞏No

Medications 🞏Yes 🞏No

Full Medical Record 🞏Yes 🞏No

Please confirm if this consent is permanent or for a short period of time.

Permanent 🞏Yes 🞏No

If not permanent, please state – Start Date: End Date:

|  |  |
| --- | --- |
| Signature of patient | Date |

**For Practice use only**

|  |  |
| --- | --- |
| Proxy access authorised by  | Date |
| Date account created  |
| Date passphrase sent  |
| Level of record access enabled. Appointments 🞏 Prescriptions 🞏Full Medical Record 🞏 | Notes / comments on proxy access |

4

**Access to GP Online Services**

**Important Information – Please read before completing form.**

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 are unable to 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.

During the working day it is sometimes necessary for practice staff to input into your record, for example, to attach a document that has been received, or update your information. Therefore you will notice admin/reception staff names alongside some of your medical information – this is quite normal.

The definition of a full medical record is all the information that is held in a patient’s record; this includes letters, documents, and any free text which has been added by practice staff, usually the GP. The coded record is all the information that is in the record in coded form, such as diagnoses, signs and symptoms (such as coughing, headache etc.) but excludes letters, documents and free text.

Before you apply for online access to your record, 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.  |
| **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 your patient record to someone else against your will, it is best that you do not register for access at this time. |
| **Misunderstood information** Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record 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 about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible. |

For further information, please see:

[www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx](http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/gp-online-services.aspx)