

THE WELLINGTON PRACTICE

Registration Form Access to GP Online Services PROXY ACCESS For children aged 11 - 15

1) PATIENT DETAILS

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

Children aged 11 – 15 can:

- 1) Access their own GP services online
- 2) Allow a parent/carer/guardian access to some or all services (proxy access)
- 3) Allow a combination of 1) + 2)

The child's GP may need to discuss online access with him/her and/or any proxy applying for access on the child's behalf

2) ACCESSING YOUR OWN ONLINE SERVICES

I would like access to the following services

(leave all unticked if you do not want your own access but just allow proxy access)

Booking my appointments	<input type="checkbox"/>
Requesting my repeat prescriptions	<input type="checkbox"/>
Updating my contact details (demographics)	<input type="checkbox"/>
Secure online access to my full electronic GP record	<input type="checkbox"/>
<ul style="list-style-type: none">● I will be responsible for the security of the information that I see or download● If I choose to share information with anyone else, this is at my own risk● I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement● If I see information in the record that is not about me, or inaccurate, I will contact the practice as soon as possible	
Signature:	
Date:	

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3) PROXY ACCESS

You can choose which services to allow your parent/guardian/carer to be able to access online

- I hereby give permission to my GP practice to give the person(s) listed below proxy access to the following services on my behalf (please tick):

Booking my appointments	<input type="checkbox"/>
Requesting my repeat prescriptions	<input type="checkbox"/>
Updating my contact details (demographics)	<input type="checkbox"/>
Secure online access to my full electronic GP record	<input type="checkbox"/>

- 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 proxy access to my health records, should I have authorised this

Signature:

Date:

If the child is unable to provide informed consent to proxy access, please indicate why:

Proxy Users

- I will be responsible for the security of the information that I see or download
- If I choose to share information with anyone else, this is at my own risk
- I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement
- If I see information in the record that is not about the child, or inaccurate, I will contact the practice as soon as possible

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Full Name:	
DOB:	
Address:	
Tel. No:	
Email address:	
	Are you already registered at The Wellington Practice for GP online services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to patient:	
Signature:	
Date:	

Full Name:	
DOB:	
Address:	
Tel. No:	
Email address:	
	Are you already registered at The Wellington Practice for GP online services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to patient:	
Signature:	
Date:	

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For Reception use: ID FOR ALL PARTIES REQUIRED

Patient NHS number	EMIS ID number	GP
Identity verified by (FULL NAME): Sign: Date:	<u>Patient ID:</u> Tick all that apply: <div style="text-align: right;"> Personal vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/> Proof of residence <input type="checkbox"/> </div>	
Identity verified by (FULL NAME): Sign: Date:	<u>PROXY 1:</u> Tick all that apply: <div style="text-align: right;"> Personal vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/> Proof of residence <input type="checkbox"/> </div> <p>Does this proxy have PARENTAL RESPONSIBILITY? <input type="checkbox"/></p>	
Identity verified by (FULL NAME): Sign: Date:	<u>PROXY 2:</u> Tick all that apply: <div style="text-align: right;"> Personal vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/> Proof of residence <input type="checkbox"/> </div> <p>Does this proxy have PARENTAL RESPONSIBILITY ? <input type="checkbox"/></p>	

Parental responsibility:

- If the birth mother
- If the birth father and married to the mother at the time of child's birth or subsequently
- If the birth father and *not* married to the mother, but the child
 - was born after 01/12/2003 *and*
 - father's name is on the birth certificate
- If an adoptive parent
- If the child's legal guardian
- If has court-appointed parental responsibility