

THE WELLINGTON PRACTICE

Registration Form Access to GP Online Services PROXY ACCESS for adults aged 16+

1) PATIENT DETAILS

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

2) ONLINE SERVICES REQUESTED

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"/>

3) PATIENT CONSENT

If the patient is unable to provide informed consent to allow proxy access (e.g. has severe dementia, learning difficulties etc.) then go to section 4.

- I hereby give permission to my GP practice to give the person(s) listed below proxy access to the above-indicated online services on my behalf
- 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:

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4) IF PATIENT UNABLE TO GIVE INFORMED CONSENT

Please indicate why this is not possible, whether LPA is in force etc.:

5) PROXY USER(S)

- 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 patient or inaccurate, I will contact the practice as soon as possible

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

For Reception use: ID FOR ALL PARTIES REQUIRED

Patient NHS number	EMIS ID number	GP
<p>Identity verified by (FULL NAME):</p> <p>Sign:</p> <p>Date:</p>	<p><u>Patient ID:</u> Tick all that apply:</p> <p style="text-align: right;">Personal vouching <input type="checkbox"/></p> <p style="text-align: right;">Vouching with information in record <input type="checkbox"/></p> <p style="text-align: right;">Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></p> <p style="text-align: right;">Proof of residence <input type="checkbox"/></p> <hr/> <p><u>PROXY ID:</u> Tick all that apply:</p> <p style="text-align: right;">Personal vouching <input type="checkbox"/></p> <p style="text-align: right;">Vouching with information in record <input type="checkbox"/></p> <p style="text-align: right;">Birth Certificate/Passport/Photo Driving Licence <input type="checkbox"/></p> <p style="text-align: right;">Proof of residence <input type="checkbox"/></p>	
<p>Remind proxy that the patient's GP <i>might</i> need to discuss this application further with either the patient, or the proxy, or both</p> <p>Advise that the practice will contact the proxy to collect registration details if proxy is not already registered for online access, or the proxy might be emailed the details directly</p> <p>Otherwise, proxy access will be automatically activated once GP has approved application</p>		