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**CONSENT TO PROXY ACCESS TO ONLINE SERVICES**

**Reason for Proxy Access (please tick whichever applies)**

|  |  |
| --- | --- |
| **Patient consent** |  |
| **Parental responsibility** |  |
| **Patient lacks capacity – court order** |  |
| **Patient lacks capacity – power of attorney** |  |
| **Patient lacks capacity – patient’s best interests** |  |

**Patient details (PLEASE PRINT):**

(This is the person whose records are being accessed, ie. child’s details)

|  |  |
| --- | --- |
| **Surname:** | **First Name(s):** |
| **Date of Birth:** | **NHS Number:**  |
| **Address:***(including post code)* |
| **Tel Home:** | **Tel Mobile:** |
| **Email address:** |

**Online Services Required:**

|  |  |
| --- | --- |
| Booking and cancelling appointments (certain appointments only) |  |
| Requesting repeat prescriptions |  |
| Limited access to parts of my medical record |  |
| Submit PATCHS requests and speak to GP on my behalf |  |

Note: If the patient is under the age of 11 or does not have capacity to consent to grant process access and proxy access is considered by the practice to be in the patient’s best interest, this section of the form may be omitted.

I,……………………………..………… (name of patient), give permission to my GP practice to give the following representatives (detailed below) proxy access to the online services indicated above.

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 regarding Proxy User Access.

|  |  |
| --- | --- |
| **Signature of patient (if aged 11 and over):** | **Date:** |

**\*\*For practice use only (ID FOR PATIENT – NOT REQUIRED FOR CHILD UNDER 16 YEARS OLD)\*\***

|  |  |  |
| --- | --- | --- |
| Identity verified by (initials): | Date: | Type of ID seen: |
| Notes/comments on proxy access: |

**-----------------------------------------------------------------------------------------------------------------------------------------**

The representatives

(These are the people seeking proxy access to the patient’s online records, appointments or repeat prescriptions, ie. parent’s details. **Each parent will need to sign and come into the surgery with ID.)**

|  |  |
| --- | --- |
| **Representative 1** | **Representative 2 (if required)** |
| **Surname:** | **Surname:** |
| **First Name(s):** | **First Name(s):** |
| **Address:****Postcode:** | **Address: (tick if both at same address )****Postcode:** |
| **Date of Birth:** | **Date of Birth:** |
| **Tel Home:** | **Tel Home:** |
| **Tel Mobile:** | **Tel Mobile:** |
| **Email address:** | **Email address:** |

I/we …………………………………………………………. (name of representatives) wish to have online access to the services indicated above 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 will be responsible for the security of the information that I see or download |  |
|  2. I/we will treat the patient information as confidential |  |
|  3. If I/we see information in the record which 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 confidential. |  |
| Signature of representative 1 | Date |
| Signature of representative 2 | Date |

I give permission for the practice to contact me via text message

I give permission for the practice to contact me via email

**\*\*For practice use only (ID FOR APPLICANT FOR PROXY ACCESS, IE. PARENT, CARER)\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| **Identity verified by (initials):** | **Date:** | **Representative 1**Type of ID seen: | **Representative 2**Type of ID seen: |
| Proxy access authorised by: |
| Notes/comments on proxy access: |

**Proxy access to online patient records**

With new online services, practices are now facing challenges around proxy access rights and limitations. Proxy access refers to access to online services by somebody acting on behalf of the patient.

**Competent Adults** – as per the Mental Capacity Act 2005, patients over the age of 16 are presumed to have capacity and should be given appropriate access to online services.

**Children** – Parents and guardians only have access rights to their child’s record up until the age of 11. Guidance published by the RCGP and NHS England make it clear parents and guardians only have access rights up until the age of 11. However, there may be exceptions to this on a case-by-case basis.

**11-16 years** – Proxy access should be deactivated when a patient turns 11. Those who can make independent and informed decisions should be actively involved in decisions about who can access their information – this may result in their proxy having access to make appointments and order repeat prescriptions only. *Children aged between 11 and 16 need to sign the application form to accept parents have access.*

**16-18 years** – Where a child 16-18 appears to lack the capacity to manage their healthcare needs, GP’s may decide proxy access should remain with the parents/guardian.

**Parental responsibility** – It is common for practices to be caught up between estranged parents. Where access is requested by an estranged parent the same process as above should be followed. If the patient lacks capacity the practice must clarify and seek evidence of parental responsibility. It is always recommended to encourage a collaborative approach with both parents where possible. If one parent has proxy access, it is recommended they be notified of the other’s request; however, they do not have the right to oppose it. However, if the requesting parent had had their parental responsibility revoked or access would be detrimental to the child, the other parent can provide evidence of this. The final decision would be down to the GP along with what information they would be given access to.

**Adult patients who lack capacity** – Where a patient has a Lasting Power of Attorney for Health & Welfare (LPA) or a deputyship has been ordered by the court of protection, proxy access can be provided to the nominated person. Where these arrangements do not exist, next of kin or carers may request proxy access. It is the GP’s responsibility to ensure access is only given where necessary and it is in the patient’s best interests.

This article is a summary of some of the points detailed in the RCGP/NHS England Guidance.

Please note:

* It will be the responsibility of the proxy user to keep their login details and passwords safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed to see it, then you should ask the proxy user to change their password immediately.
* If they can’t do this for some reason, we recommend that you contact the practice so that they can remove online access until the password has been reset.
* The practice may not be able to offer online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties. The practice has the right to remove online access to services for anyone that doesn’t use them responsibly.