

Consent to proxy access to GP online services:

This section is to be completed by anyone aged 11 and over and anyone nominating a proxy user.

Note: 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 this section may be omitted.

I,..... (name of patient), give permission to my GP practice to give the following people proxy access to the online services as indicated overleaf.

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.

I wish to give access to the following services:

Booking appointments	
Requesting repeat prescriptions	
Accessing my medical record	
Record sharing	

Proxy/user details:

(Details of the nominated proxy user)

Surname		First name	
Address			
Postcode		Date of birth	Age
Email address			
Telephone number		Mobile number	
Relationship to patient			

Patient signature:	
Proxy user signature:	

Once we have received all required documentation and ID has been verified, we will notify you either by SMS text message or email that your account has been re-activated.

Please circle the method of contact you would prefer: SMS Email