**Application for Proxy User Access**

Children (under 11) & Adults lacking capacity

**Please complete and email back to istwulfstan@nhs.net with copies of two forms of ID from the person applying for proxy access: one form of photo ID and one proof of address**

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| **TO BE COMPLETED BY THE PROXY USER APPLYING FOR ACCESS**  |
| Title |  | First Name |  | Last name |  |
| Gender | Male/Female | Date of Birth |  |
| Address |  |
| Email |  |
| Relationship to Patient |  |
|  **I understand my responsibility for safeguarding sensitive medical information and understand and agree with the following statements *(please tick to indicate agreement):*** |
| I will be responsible for the security of the information that I see or download. |  |
| I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without the patient’s agreement. |  |
| If I see information in the record that is not about the patient or is inaccurate, I will contact the practice as soon as possible, I will treat any information which is not about the patient as being strictly confidential. |  |
| **Signature (can by typed)** |  |
| **Date** |  |
| **Patient for which access is being requested** |
| Title |  | First Name |  | Last name |  |
| Gender | Male/Female | Date of Birth |  |
| Address |  |
| **Level of access being applied for:** |
| Access to book appointments and order repeat prescriptions only |  |
| Access to book appointments, order repeat prescriptions and view online medical records |  |

Please note: by typing name or adding an electronic signature, you confirm that St Wulfstan Surgery accepts the validity of this form.

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| **FOR OFFICE USE:** |
| **Reception:** |
| Identity verified by (initials) |  | Date: |  |
| **GP: Please indicate level of access and sign to approve** |
|  | Access to appointments & prescriptions only |
|  | Access to appointments, prescriptions and online medical records |
|  | Access not approved |
| Signature: Date: |
| **Admin:** |
| Proxy user added to patient account Date: |  Initials: |  |
| Email sent to proxy user Date: |  Initials: |  |