

Application Form for persons requiring Proxy Access to GP Online Services

Surname	
First Name	
Date of Birth	
Address	
Postcode	
Email Address	
Telephone Number	
Mobile Number	

I wish to have proxy access to the following online services (tick all that apply):

Booking Appointments	<input type="checkbox"/>
Requesting Repeat Prescriptions	<input type="checkbox"/>

I wish to have proxy access for the patient detailed below:

Full Name	
Date of Birth	
Address (if different from address completed above)	
Relationship to Patient	

I confirm that I am supplying the following evidence:

Proxy Access for Child aged 10 and under	<ol style="list-style-type: none"> 1. Patient's Birth Certificate to verify parental responsibility 2. Person requiring Proxy Access: Photo ID and Proof of residency 	<input type="checkbox"/> <input type="checkbox"/>
Proxy Access for Child aged 11-13	<ol style="list-style-type: none"> 1. Patient's Birth Certificate to verify parental responsibility 2. Person requiring Proxy Access: Photo ID and Proof of Residency <p>I understand that additional information may be required, and this could involve a routine booked appointment with the Practice Manager or GP</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Proxy Access for Person Aged 13 years and over	<ol style="list-style-type: none"> 1. Patient's Photo ID and Proof of Residency 2. Person requiring Proxy Access's Birth Certificate and Photo ID <p>I understand that additional information may be required, and this could involve a routine booked appointment with the Practice Manager or GP.</p> <p>In the event of mental incapacity the following evidence must be viewed, which will be verified that this has been registered with the Office of the Public Guardian.</p> <ul style="list-style-type: none"> • Lasting Power of Attorney for Health and Welfare 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Application for online access to my medical record

I wish to access the above medical record online and understand and agree with each statement (please tick).

I have read and understood the information on the reverse of this form	<input type="checkbox"/>
I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
If I choose to share my information with anyone else, this is at my own risk	<input type="checkbox"/>
I will contact the practice as soon as possible if I suspect that my account has been accessed by someone without my agreement	<input type="checkbox"/>
If I see information in my record that is not about me, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>

Signature		Date	

For Practice Use Only

Identity Verified Through (Tick all that apply)	Vouching <input type="checkbox"/> Vouching with information in record <input type="checkbox"/> Photo ID <input type="checkbox"/> Proof of Residence <input type="checkbox"/> Lasting Power of Attorney for Health and Welfare <input type="checkbox"/> Patient's NHS Number:	Name of Verifier	Date
Staff Name Authorising access			Date

Important Information – Please read before returning this form.

If you wish, you can now use the internet/mobile phone to book appointments with a GP, request repeat prescriptions for any medications you take regularly, look at your test results, immunisations and medical records all online. Also, you can still call the surgery for any queries regarding the above services. It's your choice

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed by someone that you have not agreed should see it, then you should change your password immediately.

If for any reason you cannot do this, we recommend that you contact the practice so that they can remove your online access until you are able to reset your password.

If you print out any information from your records, it will be your responsibility to keep this safe and secure. If you are at all worried about keeping printed copies safe and secure, we recommend that you do not make copies at all.

Before you apply for online access to your record, there are some other things to consider

- Although the chances of any of the following happening are very small, you will be asked if you have read and understood the following before you are given login details from our staff members.
- **Forgotten History:** There may be something you have forgotten about in your record that you might find upsetting.
- **Abnormal Results or Bad News:** If your GP has given you access to test results or letters, you may see something that you find upsetting to you. This may occur before you have spoken to your doctor or while the surgery is closed and you cannot contact them.

- **Choosing to Share your Information with someone:** It's up to you whether or not you share information with others – perhaps family members or carers. It's your choice, but also your responsibility to keep information safe and secure.
- **Coercion:** If you think you may be pressured into revealing details from your patient record to someone else against your will, it is best that you do not register for access at this time.
- **Printing Information:** You are responsible for any information that you download and print.
- **Misunderstood Information:** Your medical record is designed to be used by clinical professionals to ensure that you receive the best possible care. Some of the information within your medical record may be highly technical, written by specialists and not easily understood. If you require further clarification, please contact the surgery for a clearer explanation.
- **Information about someone else:** If you spot something in the record that is not about you or notice any other errors, please log out of the system immediately and contact the practice as soon as possible.
- **Data recorded by other services:** You will not be able to see data recorded by other services e.g. community teams – Health Visitors, District Nurses etc.

Further Information

For more information about keeping your healthcare records safe and secure please visit our website: www.oakenhallmedicalpractice.co.uk

You may find the following leaflet helpful; this has been produced by the NHS in conjunction with the British Computer Society:

Keeping your online health and social care records safe and secure

<http://www.nhs.uk/NHSEngland/thenhs/records/healthrecords/Documents/PatientGuidanceBooklet.pdf>

How to apply for online services.

In order to access our system online you will need complete a request for access form, put your request in writing or download and complete the online form available via our website on the “online Services” web page. We will also need to confirm your identity (photographic identification e.g. passport AND proof of residency e.g. utility bill). Please bring these with you to the practice in order for the receptionist to process your request.

Once you have requested on-line access the practice aims to process your request, as soon as reasonably possible, otherwise you should receive the information within 1 month from the date of the initial request.

Access to our online system can be obtained through our website –

www.oakenhallmedicalpractice.co.uk, and also via apps for smart phones and tablets. Just search for Systmonline in your app store.

If you have any queries regarding any of the information contained within your online record you, please detail your query in writing and this will then be passed to our data quality department for investigation. We anticipate that majority of queries will be resolved within a 14 day period however some may take longer. Under these circumstances you will be kept updated on the status of your query.