

# Amersham Health Centre

## Registration Form Access to GP Online Services

### CONSENT FOR PROXY ACCESS for All AGES

If you are a patient, you can use Proxy Access to give someone else access to your GP online services. You may wish to allow up to 2 people to use your online services (Proxy Users). All parties need to be registered at Amersham Health Centre.

## Section 1

<b>Patient Details:</b>	
Surname:	Date of birth:
First name:	
Address:	
Postcode:	
Contact number:	

## Section 2 – children aged 11 and under only.

<b>Adults acting on behalf of a child under 11</b>	
I have the parental responsibility and wish to have access to the following services on behalf of the named child:	
Please tick one of the items below.	
<input type="checkbox"/>	I am the child's mother
<input type="checkbox"/>	I am the child's father and married to the mother at the time of the child's birth or subsequently.
<input type="checkbox"/>	I am the birth father and not married to the mother, but the child was born after 01/12/2003 and my name is on the birth certificate.
<input type="checkbox"/>	I am the child's legal guardian
<input type="checkbox"/>	I have court appointed parental responsibility
<input type="checkbox"/>	Other- please specify:

## Section 3 (to be completed by all applicants)

<b>Patient Consent</b>
<ul style="list-style-type: none"> <li>I hereby give permission to allow my GP practice to give the person(s) listed proxy access to the services indicated.</li> <li>I reserve the right to reverse any decision I make in granting proxy access at any time.</li> <li>I understand the risks of allowing someone else to have proxy access to my health records.</li> <li>I have read and understood the information leaflet provided by the practice.</li> </ul>

<b>I wish the named person(s) (Proxy User) to have access to the following online services for me:</b>
<input type="checkbox"/> 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 electronic GP medical records

<b>Print Name:</b>
<b>Signature:</b>
<b>Date:</b>

*Parent/Legal Guardian may sign on behalf of a child under 11.*

*Power of Attorney may sign on behalf of a patient who does not have capacity to consent to grant proxy access.*

## **Proxy User Details (1)**

Surname:	Date of birth:
First name:	
Address:	
Postcode:	
Telephone number:	
Email Address:	
Relationship to Patient:	
Are you a registered patient of Amersham Health Centre for online services? Yes <input type="checkbox"/> NO <input type="checkbox"/>	

## **Proxy User Details (2) if applicable**

Surname:	Date of birth:
First name:	
Address:	
Postcode:	
Telephone number:	
Email Address:	
Relationship to Patient:	
Are you a registered patient of Amersham Health Centre for online services? Yes <input type="checkbox"/> NO <input type="checkbox"/>	

## **Proxy User Signed Agreement**

<ul style="list-style-type: none"> <li>• I will be responsible for the security of the information that I see or download.</li> <li>• If I choose to share information with anyone else, this at my own risk.</li> <li>• I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement.</li> <li>• If I see information in the record that is not about the person or is inaccurate, I will contact the practice as soon as possible.</li> <li>• I have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential.</li> </ul>
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Print Name (Proxy1):
Signature:
Date:

Print Name (Proxy2):
Signature:
Date:

## Section 4

*For Reception Use Only:*

**ID FOR BOTH PARTIES REQUIRED**

Patient ID: Tick all that apply:
<input type="checkbox"/> <b>Full</b> Birth Certificate (for all children under 11) *photocopy required OR
<input type="checkbox"/> Passport or Photo driving licence: (for over 11s only) *photocopy required
Proxy Applicant ID: Tick all that apply:
<input type="checkbox"/> Passport or Photo driving licence * photocopy required
<i>Advise proxy that the practice will contact to collect registration details if the proxy is not already registered for online services, otherwise the proxy will be automatically activated once the GP has approved the registration.</i>