**DR MAI BROWN AND DR AF JOHNSON**

**ALTON SURGERY**

 Hurstons Lane,

Alton, Stoke on Trent, ST10 4AP

## Application for proxy access to online services

|  |
| --- |
| Patient details |
| Patient Surname |  | Patient Forename |  |
| Date of birth |  | NHS number |  |
| Street |  | Region |  |
| Town or city |  | Postcode |  |
| Telephone |  | GP details |  |
| Nominated individual details |
| Surname |  | Forename |  |
| Date of birth |  | NHS number |  |
| Street |  | Region |  |
| Town or city |  | Postcode |  |
| Telephone |  | GP & practice  |  |

I give permission for my nominated individual to have proxy access to the online services as detailed below:

|  |  |
| --- | --- |
| Booking appointments |  |
| Requesting repeat prescriptions |  |
| Accessing my medical record |  |

I am aware that my GP may overrule my decision at any time and that this authorisation will remain in force until ……/……/…… or until cancelled by me (in writing). I understand the risks of allowing someone else access to the online services detailed above.

|  |  |
| --- | --- |
| Signature (of patient) |  |
| Date |  |

I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of the person named as the patient above. I will only use this information in the best interests of the patient.

|  |  |
| --- | --- |
| Signature (of nominated individual) |  |
| Date |  |

*For practice use only*

|  |  |
| --- | --- |
| *Patient NHS number* | *Practice computer ID number* |
| *Identity verified by (initials)* | *Date* | *Method**Vouching **Vouching with information in record **Photo ID and proof of residence * |
| *Authorised by:* | *Date* |
| *Date account created* |
| *Date passphrase sent* |
| *Level of record access enabled**All * *Prospective  Retrospective **Detailed coded record * *Limited parts *  | *Notes / explanation* |