

## **Information regarding Online Services & Proxy Access**

Access to all your medical information will be granted at the discretion of the practice upon request.

Once a request has been made, the practice will endeavour to comply within 28 days. In some instances, the practice may feel that it is not in the best interests of the patient to have online access to their medical records, and the patient will be informed accordingly.

## Things to Consider

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

- Forgotten history there may be something you have forgotten about in your record that you might find upsetting.
- Abnormal results 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.
- 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.
- Choosing to share your information with someone. It is up to you whether you share your information with others, perhaps family members or carers. It is your choice, but also your responsibility to keep the information safe and secure.
- 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.
- ➤ If you change your e-mail address or mobile phone number, this might cause a problem with your NHS App / Patient Access. If this happens, please contact the surgery. You might need to re-register.
- If you think your account has been compromised, please contact the surgery ASAP so we can close your Online Services Account.
- It may be possible for you to give online access to someone who cares for you. This is called 'Proxy Access'. This will allow them to book appointments online for you, manage your repeat medications and view parts (if not all) of your medical history. If you would like to arrange this, please complete the Proxy Access Request form.
- The representative will need to be registered with NHS App or Patient Access to access a linked account.
- Patient Access works even if the representative is registered at a different Surgery, however, we will need their e-mail address they used to register for Online Services to link your account.
- Proxy Access for children due to the General Data Protection Regulation, if you are a parent / guardian and have Proxy Access, your access will be revoked automatically when the child is 11 years old. If access is still required, please contact the surgery.
- It is your Representative's responsibility to keep your data safe while accessing your records on your behalf.
- Your Online Services / Proxy Account will stay active until you notify us you would like to close your account, or your records have been deducted and you are no longer a patient with this surgery.



## **Proxy Access Request**

**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, please complete the form on behalf of the patient stating the reason under the \*\*Other Info section.

**Please bring Photo ID with your completed form.** For children less than 11 Years old, the parent/guardian will need to bring their own ID and the children's Birth Certificate.

**The Patient** (This is the person whose records are being accessed)

Address:  ne Representative (This is the person you are giving access to you at they will need to be registered with their own Online Services A First Name  Surname  E-mail Address  Ist line of address	
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First Name Surname	,
	Date of Birth
E-mail Address I <sup>st</sup> line of address	
E-mail Address I <sup>st</sup> line of address	
	Relationship to patient
ccess Required (Please Tick):	

## **DECLARATION**

**Immunisations** 

Online prescription management
 Blood and Other Tests Results

**I**, the patient, give permission to my GP practice to give my chosen representative (above), Proxy Access to the Online Services as indicated under the Access Required section above.

I confirm I have read and understood the information attached to this form.

PRINT NAME	SIGNATURE	DATE
**Other info		