

Proxy Access Request Form

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

First Name	Surname	Date of Birth
Address:		

The Representative (This is the person you are giving access to your Online Services. Please note that they will need to be registered with their own Online Services Account)

First Name	Surname	Date of Birth
E-mail Address	1 st line of address	Relationship to patient

Access Required (Please Tick):

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Blood and Other Tests Results	<input type="checkbox"/>
4. Immunisations	<input type="checkbox"/>

DECLARATION

I, the patient, give my permission for my GP practice to grant my chosen representative (as listed above) Proxy Access to the Online Services, as specified in the "Access Required" section above.

I confirm that I have read and understood the information about Online Services & Proxy Access - <https://compasshousemedical.com/online-services>

PRINT NAME	SIGNATURE	DATE
**Other info		

Staff Use Only

ID Verification for Patient/Representative:

This must be in date (not expired). For other documents, these need to be dated in the last 3 months.

Patient Photo ID Seen (please tick):

- Passport Expiry Date _____
- Driving Licence Expiry Date _____
- Other (please specify): _____

Representative Photo ID Seen:

- Passport Expiry Date _____
- Driving Licence Expiry Date _____
- Other (please specify): _____

If Patient is a Child Under 11:

- Birth certificate provided showing parent/guardian

Name on Birth Certificate matches Representative:

- Yes
- No *

* Please advise that we will not be able to accept the request and ask for the guardian / parent to submit the request instead.

If Child is Aged 11–13:

- Child's signed consent obtained
- Gillick competency assessed by GP:
- Child deemed competent
- Not competent – proceed with under-11s process (ID + birth certificate)

Staff Member Name: _____

Signature: _____

Date: _____