**SOLENT VIEW MEDICAL PRACTICE**

**Registration Form for Access to GP Online Services**

**OR 3rd Party Consent**

**PROXY ACCESS/3rd Party Consent for adults aged 16+ years**

**PATIENT DETAILS**

|  |  |
| --- | --- |
| Surname | Date Of Birth |
| First Name(s) | |
| Address  Postcode Telephone Number | |

ONLINE SERVICES REQUESTED **(DO NOT complete if 3rd Party Consent only)**

|  |  |
| --- | --- |
| Booking appointments |  |
| Requesting repeat prescriptions |  |
| Updating contact details (demographics) |  |
| Secure online access to my full electronic GP record |  |

**PATIENT CONSENT**

**If the patient is unable to provide informed consent to allow proxy access (e.g. has severe dementia, learning difficulties etc) then please complete the box below**

* I hereby give permission to my GP practice to give the person(s) listed below proxy access to the above indicated online services on my behalf
* I reserve the right to reverse any decision I make in granting proxy access at any time
* I understand the risks of allowing someone else to proxy access to my health records, should

I have authorised this

|  |  |
| --- | --- |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| **IF PATIENT UNABLE TO GIVE INFORMED CONSENT**  Please indicate why this is not possible, whether Lasting Power Of Attorney is in force , learning disabilities etc: | **PLEASE STATE THE REASON WHY YOU ARE REQUESTING PROXY ACCESS/3RD PARTY CONSENT** |

**PROXY USER(S)/ 3rd Party Consent User**

|  |
| --- |
| * I will be responsible for the security of the information that I see or download * If I choose to share information with anyone else, this is at my own risk * I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement * If I see information in the record that is inaccurate I will contact the practice as soon as possible |

**Proxy No 1**

|  |  |
| --- | --- |
| Full Name |  |
| Date Of Birth |  |
| Address |  |
| Telephone No. |  |
| Email Address |  |
| Are you already registered at Solent View Medical Practice for GP online Services? Yes / No | |
| Relationship To Patient |  |
| Signature  Date |  |

**Proxy No 2**

|  |  |
| --- | --- |
| Full Name |  |
| Date Of Birth |  |
| Address |  |
| Telephone No. |  |
| Email Address |  |
| Are you already registered at Solent View Medical Practice for GP online Services? Yes / No | |
| Relationship To Patient |  |
| Signature  Date |  |

**For Reception Use: ID FOR PATIENT & PROXY USER**

|  |  |  |
| --- | --- | --- |
| Patient NHS Number | Patient Emis Number | GP |
| Patient ID   * Personal Vouching * Vouching With Information In Record * Birth Certificate * Passport or Photo Driving Licence * Proof of Residence | | |
| Proxy 1 ID   * Personal Vouching * Vouching With Information In Record * Birth Certificate * Passport or Photo Driving Licence * Proof of Residence | | |
| Proxy 2 ID   * Personal Vouching * Vouching With Information In Record * Birth Certificate * Passport or Photo Driving Licence * Proof of Residence | | |
| ID SEEN & VERIFIED FOR ALL PARTIES BY: | (Full Name) | |
| Signature | Date | |
| * Remind proxy that the patient’s GP might need to discuss this application further with either the patient, or the proxy or both * Advise that the practice will contact the proxy to collect registration details if proxy is not already registered for online access, or the proxy might be emailed the details directly * Otherwise proxy access will be automatically activated once the GP has approved the application | | |