**SOLENT VIEW MEDICAL PRACTICE**

**Registration Form Access to GP Online Services**

**For children aged 11 - 15 years (inc Proxy Access)**

**PATIENT DETAILS This section MUST be completed by the patient)**

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

**Children aged 11 – 15 can:**

1. Access their own GP services online
2. Allow a parent/guardian access to some or all services (proxy access)
3. Allow a combination of 1 & 2

|  |
| --- |
| **The child’s GP may need to discuss online access with him/her and/or any**  **proxy applying for access on the child’s behalf** |

**ACCESSING YOUR OWN ONLINE SERVICES**

I would like access to the following services

(Leave this section all unticked if you do not want your own access)

|  |  |  |
| --- | --- | --- |
| Booking appointments | |  |
| Requesting repeat prescriptions | |  |
| Updating contact details (demographics) | |  |
| Secure online access to my full electronic GP record | |  |
| * 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 not about me, or inaccurate, I will contact the practice as soon as possible | | |
| Signature |  | |
| Date |  | |

**PROXY ACCESS (To be completed by the Patient)**

**You can choose which services to allow your parent/guardian/carer to be able to access online**

I hereby give permission to my GP practice to give the person(s) listed below proxy access to the following services on my behalf (please tick)

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

* 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 have proxy access to my health records, should I have authorised this

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

|  |  |
| --- | --- |
| **If the child is unable to provide informed consent to proxy access, please indicate why:** | **If the child is requesting proxy access please indicate why:** |

**PROXY USERS**

|  |
| --- |
| * 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 not about the child, or inaccurate, I will contact the practice as soon as possible |

**Please complete the Proxy user(s) name and address on next page**

**Please note: All parties (including the child) must attend the surgery for ID confirmation to be confirmed**

|  |  |
| --- | --- |
| Full Name Proxy 1 |  |
| Date Of Birth |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Are you already registered at Solent View Medical Practice for GP online Services? Yes / No | |
| Relationship to Patient |  |
| Signature  Date |  |

|  |  |
| --- | --- |
| Full Name Proxy 2 |  |
| Date Of Birth |  |
| Address |  |
| Telephone Number |  |
| Email Address |  |
| Are you already registered at Solent View Medical Practice for GP online Services? Yes / No | |
| Relationship to Patient |  |
| Signature  Date |  |

Parental Responsibility

* If the birth mother
* If the birth father and married to the mother at the time of the child’s birth or subsequently
* If the birth father **and not** married to the mother, but the child was born after 1st January 2003 and the father is named on the birth certificate
* If an adoptive parent/child’s legal guardian/has a court appointed parental responsibility

**For Reception Use: ID FOR ALL PARTIES REQUIRED**

|  |  |  |  |
| --- | --- | --- | --- |
| 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   Does this proxy have Parental Responsibility? Yes/No | | | |
| Proxy 2 ID   * Personal Vouching * Vouching With Information In Record * Birth Certificate * Passport or Photo Driving Licence * Proof of Residence   Does this proxy have Parental Responsibility? Yes/No | | | |
| ID SEEN & VERIFIED FOR ALL PARTIES BY: | | (Full Name) | |
| Sign | |  | |
| Date | |  | |
| **For Admin use Only**  Online Access Authorised by: | | Comments: | |