



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	
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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		
<u>For Admin use Only</u> Online Access Authorised by:	Comments:	