



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	

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

--	--

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		