A picture containing text

Description automatically generated

**Proxy Access Request Form - Carer / Adult**

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If you care for an adult, you can request online access to their medical record as their Proxy user if their usual GP is in agreement. This will allow you to book appointments, order repeat prescriptions and view test results online. PLEASE ENSURE YOU HAVE A FORM OF FORMAL PHOTO ID WHEN HANDING IN THIS FORM AS WE CANNOT GRANT ACCESS WITHOUT VERIFYING YOUR IDENTIFICATION.

Please arrange for me to have Proxy Access to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s medical record online

Full name of patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient’s date of birth \_\_\_\_\_\_\_\_\_\_\_

For more information about Proxy Access, please go to [Linked profiles in your NHS account - NHS account help and support - NHS (www.nhs.uk)](https://www.nhs.uk/nhs-app/nhs-app-help-and-support/linked-profiles-in-the-nhs-app/)

**I understand and agree with each statement (please ✓)**

|  |  |
| --- | --- |
| 1. I have read and understood the information above provided by the practice |  |
| 1. I will be responsible for the security of the information that I see or download |  |
| 1. If I choose to share this information with anyone else, this is at my own risk |  |
| 1. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement |  |
| 1. If I see information in the record that is inaccurate or not about me/the person for whom I am a Proxy, I will log out immediately and contact the practice as soon as possible |  |

**Your name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL address (PLEASE PRINT CLEARLY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MOBILE number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Your mobile number is not needed to set up your online account. However, if you provide a mobile number you will be able to recover a forgotten password or link details yourself without contacting the Surgery.*

**Office use only**:

Identification documents seen Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PIN document Patient check Details checked/updated Settings checked/updated  Patient coded

**Version: 25 October 2022**