Bournbrook Varsity Medical Centre

**1A Alton Road, Selly Oak, Birmingham B29 7DU**

**Tel: 0121 472 0129**

***Open Monday to Saturday***

***Dr C Allen, Dr M Swallow, Dr A Dungate, Dr S Clarke - Partners***

***Dr M Philp, Dr A Nijjar, Dr H Cole, Dr S Ali, Dr J Tatlock, Dr N Ahmad, Dr N Grant - Associates***

**Registration form for proxy access to GP online services**

**Section 1**

I, …………………………………………………………. (name of patient), give permission to my GP practice to give the following person/persons ……………………………………………………………………… proxy access to the online services as indicated below in section 2. 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 access to my health records. I have read and understand the information leaflet provided by the practice.

**Signature of patient:** ………………………………………………….

**Date:** …………………………………………………………………….

**Section 2**

Online appointments booking

Online prescription management

**Section 3**

 I/we ……………………………………………………………………………………(names of representatives) wish to have online access to the services ticked in the box above in Section 2 for……………………………………………. (name of patient). I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

 I/we have read and understand the information leaflet provided by the practice and agree that I will treat the patient information as confidential

I/we will be responsible for the security of the information that I/we see or download

I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement

If I/we see information in the record that is not about the patient or is inaccurate, I/we will contact the practice in writing as soon as possible. I will treat any information which is not about the patient as being strictly confidential.

 I consent to have my user details communicated by email

**Signature/s of representative/s:** ………………………………………………

**Date:** ……………………………………………………………………………….

**Section 4**

**Patient Details – (This is the person whose records are being accessed)**

|  |  |
| --- | --- |
| Surname | Date of Birth |
| First name |
| AddressPostcode |
| GP Name | Email address (capital letters) |
| Telephone number | Mobile number |

**The Representatives (These are the people seeking proxy access to the patient’s online records, appointments or repeat prescriptions).**

|  |  |
| --- | --- |
| Surname | Surname |
| First Name | First Name |
| Date of Birth | Date of Birth |
| AddressPostcode | AddressPostcode |
| Email address | Email address |
| Telephone number | Telephone number |
| Mobile number | Mobile number |

**For Practice Use Only**

|  |  |
| --- | --- |
| Patients NHS number: | EMIS number: |
| Identity verified by (initials): | Date: | Method of verificationVouching ☐ Vouching with information in record ☐ Photo ID and proof of address ☐ |
| Proxy and medical record access authorised by: |  |
| Date account created: |  |
| Date passphrase sent:  |  |
| Level of record access enabled: Care Record Access ☐ Core Summary Care Record ☐ Partial Clinical Record ☐ Detailed Coded Record ☐ | Note/ comments on Proxy Access: |