

## Online Services, Records Access and Proxy Access - Patient Information “It’s your choice”

*Please keep this sheet for your information*

If you wish to, you can now use the internet or apps such as the **NHS App** to book appointments\*, request repeat prescriptions, review results and look at your medical record. You can also still use the telephone or call into the surgery for any of these services - it’s your choice.

Being able to see your record online might help you to manage your medical conditions. It also means that you can even access it from anywhere in the world should you require medical treatment on holiday. If you decide not to use online access, this is your choice and practice staff will continue to treat you in the same way as before. This decision will not affect the quality of your care.

When you register for online access you will be granted a username and password for **Systemonline** - please ensure that your password is unique to you and not shared with anyone. You can also request **linkage codes** for 3<sup>rd</sup>-party apps such as the **NHS App** or **PatientKnowsBest**, which means that your GP and secondary care information is all in one place.

The practice has the right to remove online access to services. This is rarely necessary but may be the best option if you do not use them responsibly or if there is evidence that access may be harmful to you. For example, there is something in your record which may cause you distress or if someone else is forcing you to give them access to your record. The practice will explain the reasons for withdrawing access and discuss options to reinstate access if appropriate.

It will be your responsibility to keep your login details and password safe and secure. If you know or suspect that your record has been accessed improperly, you should change your password immediately. If you can’t do this, please contact the practice so that we can help.

Take care when using public computers to view your online record and if you print out any of your record, it is your responsibility to keep this information secure.

Be aware that the information you see online may be misleading if you rely on it alone to complete insurance, employment or legal reports/forms.

### **Proxy Access Explained**

If you find managing your online health record difficult, or if you would like help, you can nominate representatives to have **Proxy Access** on your behalf. This may be a relation or a friend that you trust, who can order your prescriptions, see your results etc. You can choose how much access your representative(s) can have, and you can change or withdraw your representatives at any time.

### **Gillick Competency and Proxy Access**

When a child reaches 11 years of age, parental online access is automatically revoked. Most children and their parents would choose to continue this access. In order to do this, the child must have a **Gillick Competency Assessment** with a clinician at the surgery. This is a short appointment where the clinician uses a questionnaire to establish that the child is making the decision to grant Proxy Access to a parent/carer, in full understanding of what this means for their privacy. Again, different access rights can be set by the child and changed/removed at any time. This access is reviewed every year and children can revoke it at any time by speaking to the surgery.

A child aged between 11-16 years, who wishes to have their own online access will still have to undergo a Gillick Competency Assessment to ensure that the access is appropriate for them.

**Identity Verification**

Before you return your proxy access form or attend a Gillick Competency Assessment appointment, please ensure that you can provide the following ID:

- Photo ID : Passport or Driving Licence

**And**

- Original birth certificate (for patients under 16 years of age)
- A recent utility bill (no older than 3 months)

If you are unable to provide photographic ID as the patient **or** representative, please speak to the surgery as soon as possible.

*\*please check if the surgery is offering this option*

## Consent to Proxy Access to GP Practice & Online Services

**Note:** If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the practice to be in the patient's best interest, section 1 of this form may be omitted.

### Section 1 Patient Declaration

I,..... (name of patient), give permission to my GP practice to give the following person(s).....

proxy access to the 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 patient information on page 1.

Signature of patient	Date
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### Section 2 Level of Access

<b>Online only:</b> <input type="checkbox"/>	<b>In person/telephone:</b> <input type="checkbox"/>	<b>Both:</b> <input type="checkbox"/>
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Access Required	
1. Appointments booking	<input type="checkbox"/>
2. Prescription management	<input type="checkbox"/>
3. Accessing the medical record for (name of patient)	<input type="checkbox"/>

*continued overleaf*

## Section 3

### The Patient

(This is the person whose records are being accessed)

Surname	Date of birth	Age:
First name		
Address		
Postcode		
Email address		
Telephone number	Mobile number	

### The Representatives

(These are the people seeking proxy access to the patient's records, appointments or repeat prescriptions)

Representative 1	Representative 2
Surname	Surname
First name	First name
Relationship to patient	Relationship to patient
Date of birth	Date of birth
Address	Address (tick if both at same address <input type="checkbox"/> )
Postcode	Postcode
Email	Email
Telephone	Telephone
Mobile number	Mobile number

## Section 4 Representatives Declaration

I/we..... (names of representatives)  
wish to have access to the services selected 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:

1. I/we have read and understood the information leaflet on page 4 and agree that I/we will treat the patient information as confidential	<input type="checkbox"/>
2. I/we will be responsible for the security of the information that I/we see or download	<input type="checkbox"/>
3. 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	<input type="checkbox"/>
4. If I/we see information in the record that is not about the patient, or is inaccurate, I/we will contact the practice as soon as possible. I/we will treat any information which is not about the patient above as being strictly confidential	<input type="checkbox"/>

Signature/s of representative/s	Date/s

**FOR PRACTICE USE ONLY**

**PATIENT IDENTIFY VERIFICATION – Clinician only if the patient under 16 years of age**

Patient NHS number	<b>Please specify which ID has been seen, one from each column:</b>	
Identity verified by	<b>Photo ID:</b>	<b>Documentation:</b>
Date	<input type="checkbox"/> Passport <input type="checkbox"/> Photo Driving Licence	<input type="checkbox"/> Birth Certificate (patients under 16 years) <input type="checkbox"/> Recent Utility Bill (no older than 3 months)
Vouching completed by	Vouching can only be used in absence of any valid photo/address ID	
Date	<input type="checkbox"/> Vouching (clinician only) <input type="checkbox"/> Vouching with information in record (clinician only)	
Notes/comments		

**REPRESENTATIVE ID VERIFICATION**

**Reception can only verify photo and address ID – if this cannot be provided, a clinician appointment is required to conduct vouching**

**Representative 1**

Identity verified by	<b>Please specify which ID has been seen, one from each column:</b>	
Date	<b>Photo ID:</b>	<b>Documentation:</b>
	<input type="checkbox"/> Passport <input type="checkbox"/> Photo Driving Licence	<input type="checkbox"/> Recent Utility Bill (no older than 3 months)
Vouching completed by	Vouching can only be used in absence of any valid photo/address ID	
Date	<input type="checkbox"/> Vouching (clinician only) <input type="checkbox"/> Vouching with information in record (clinician only)	
Notes/comments		

## Representative 2

Identity verified by	<b>Please specify which ID has been seen, one from each column:</b>	
Date	<b>Photo ID:</b> <input type="checkbox"/> Passport <input type="checkbox"/> Photo Driving Licence	<b>Documentation:</b> <input type="checkbox"/> Recent Utility Bill (no older than 3 months)
Vouching completed by	Vouching can only be used in absence of any valid photo/address ID	
Date	<input type="checkbox"/> Vouching (clinician only) <input type="checkbox"/> Vouching with information in record (clinician only)	
Notes/comments		

<b>Proxy access authorised by</b>	<b>Date</b>	
<b>Online services updated by</b>	<b>Date</b>	
<b>Reminder added to patient home screen</b>	<b>Yes</b>	<b>No</b>

**Please ensure that all pages of this form are returned to the Proxy Access Task Group at Bridge Street**