

# Proxy Access Application Form B

For cared for patients aged 11 years and over



## Cared for Patient's Details *(To give consent for proxy access to their online services)*

Name:	Date of Birth:
Address:	

## Consent *(to be completed by the person named above unless lacks capacity because of medical condition)*

I give consent for the person named below to have online services access to:

Book/cancel appointments for me	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Request my repeat medication	Yes <input type="checkbox"/>	No <input type="checkbox"/>
View my core medical record (medication & allergies)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
View the immunisations information in my care record	Yes <input type="checkbox"/>	No <input type="checkbox"/>
View test results in my care record	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Signature of patient:	Date:
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**OR**

**Patient lacks capacity to consent because of medical condition**

Please provide copy of legal paperwork (Power of Attorney/Court Appointed Deputy). If paperwork cannot be supplied then GP will need to confirm incapacity before access is given.

## Parent/Carer Details *(Requesting proxy access to online services for the patient named above)* *We need these details to be able to trace your existing online user account*

Family Name:	Given Name:
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> or .....	Male <input type="checkbox"/> Female <input type="checkbox"/> or ..... Date of Birth:
Address:	
Registered at: Fireclay Health <input type="checkbox"/> Other Practice <input type="checkbox"/> .....	
Email address:	
Consent to email registration details <input type="checkbox"/> <i>(if registered at another practice)</i>	
Relationship to patient above: Mother <input type="checkbox"/> Father <input type="checkbox"/> Carer <input type="checkbox"/> Other family member <input type="checkbox"/> .....	

Signature of parent/carer:	Date:
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**Please hand this form to reception – if your request is not actioned within 1 week then please contact us**

If you are registered with us, access will be added to your existing Online Services account – you will be able to switch to child/cared for person's account via Linked Users (in drop-down menu under your name). If you are registered elsewhere, we will email you the registration document you need in order to link your account to our practice patient.