# Online services application form
# Children 13 years or younger

- Parents may request proxy access to their children's records; this will cease automatically when the child reaches the **age of 14**. Any subsequent proxy access will need to be authorised by the parent subject to Gp approval.

**The child-** This is the person whose records are being accessed

| Name of child: | Date of Birth: |
|---|---|
| Address: | |

I wish to have access to the following online services (please tick all that apply):

| | |
|---|---|
| 1. Booking appointments | ❑ |
| 2. Requesting repeat prescriptions | ❑ |
| 3. Limited access to parts of my detailed medical record e.g. test results, immunisations, problems and allergies. | ❑ |

**The representatives** – these are the people seeking proxy access to the patient's online records.

| Full name: | Date of Birth: |
|---|---|
| Address:<br><br>Post code: | |
| Relationship to patient: | |
| Email address: (I want to receive my registration details by email) | |
| Contact number: (I would like to be contacted when my registration details are ready to collect). | |

I understand my responsibility for safeguarding sensitive medical information and
I understand and agree with each of the following statements:

| | |
|---|---|
| 1. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the information as confidential. | ☑ |

| | |
|---|---|
| 2. I/ we will be responsible for the security of the information that I/we see or download. | ☑ |
| 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. | ☑ |
| 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 as being strictly confidential. | ☑ |

# **You MUST give us proof of identification for BOTH parties**

Signature of patient: (Parent/guardian) ______________________________________

Date: __________________

****Application may take up to 3 weeks to be processed****