

## Consent to Proxy Access to Patient Online Access

**Where the patient has capacity:**

**It is preferable that the patient requests access and then chooses to share access to their record with another person - rather than the practice giving access to a patients records directly to another person.**

**Where this isn't possible then the patient needs to complete the following form.**

I,..... (name of patient), give permission to my GP practice to give the following person/ organisation ..... proxy access to the online services as indicated below.

<b>Full Access</b> <ul style="list-style-type: none"><li>• Current acute and repeat medication</li><li>• Allergies</li><li>• Immunisations</li><li>• Update personal details</li><li>• Book and cancel appointments</li><li>• Test Results - including free text</li><li>• All coded information</li></ul>	Standard Standard Standard Standard Standard Standard Yes/No
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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
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