**Application for Patient Online Services (for children up to 11)**

**The Patient (whose records that are to be accessed)**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |

**The representative (the person seeking proxy access to the patient’s online services)**

|  |  |
| --- | --- |
| Surname | Date of birth |
| First name | |
| Address  Postcode | |
| Email address | |
| Telephone number | Mobile number |
| Relationship to patient |  |

I …………………………………………………………………. (parent or guardian) with to have online access to the services ticked in the box below for ……………………………… (Name of patient)

|  |  |
| --- | --- |
| 1. Booking appointments |  |
| 2. Requesting repeat prescriptions |  |
| 3. View summary information in GP record (medications, allergies, bad reactions) |  |

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

|  |  |
| --- | --- |
| 1. I agree to the access code to be emailed to the above email address |  |
| 2. I will be responsible for the security of the information that I see or download |  |
| 3. If I choose to share my information with anyone else, this is at my own risk |  |
| 4. I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement |  |
| 5. If I see information in the record that is not about the patient or is incorrect, I will contact the practice as soon as possible. I will treat the information which is not about the patient as being strictly confidential. |  |
| Signature of parent or guardian |  |

Date

For Practice use only

Proof of I.D for child

Identity verified by Date Method of verification

(Initials)

Birth Certificate

The patients NHS number

Proxy access granted in best interests by Date

Proxy access authorised by Date

For Parent/Guardian/Other

Identity Verified by Date Method of verification

(Initials)

Photo ID and proof of residence

Court appointed deputy

Foster/adoption papers

Birth certificate stating parental responsibility

The Patients NHS number

Proxy access granted in best interests by Date

Proxy access authorised by Date

Date account created

Date Password sent

Please note that access will be revoked once the patient reaches 11 years old.

Please be aware that proxy access is available to the individual that has parental responsibility for the child. Manor Park Surgery can withdraw this access at any time if deemed appropriate.