

Consent to Proxy Access to GP Online Services (Children between 13 – 16)

One form should be completed for every parent / guardian being granted proxy access to a child's medical record. The parent must show proof of ID and proof of parental responsibility, e.g. child's birth certificate or court order, at the time of requesting proxy access. If there are any limitations on access to the child or their information which have been imposed by a Court or by Social Services this must be declared.

Section 1: Child's details

Surname:	Date of Birth:	Age:
First name (s):		
Address:		
e-mail address:		
Telephone number:	Mobile number:	

I(name of child)
give permission for my GP Practice to give the following parent / guardian

.....
proxy access to the Online Services identified in Section 2 below.

- 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 understood the information leaflet provided by the Practice.

Signature of child	Date
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Section 2: Services to be accessed

1. Online appointments booking	<input type="checkbox"/>
2. Online prescription management	<input type="checkbox"/>
3. Detailed coded record (optional)	<input type="checkbox"/>

Section 3 (Parent / guardian):

I(name of parent/guardian) wish to have online access to the services ticked in Section 2 above for

.....
(name of child)

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

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

Signature of parent / guardian:	Date:
PRINT NAME:	