**Online Access for Proxy – age 11-15**

**Information Leaflet and Application Form**

*If you wish to have on-line access to your medical record, please read the information below, complete the form on pages 3 onwards and return to Reception.*

**Proxy Access**

A patient can grant access for another person to access their medical record. Proxy users do not have to be a registered patient at the same practice, but must be registered for online services on the GP system and always use their own login credentials.

For example:

* A parent / guardian who has legal responsibility for a patient under the age of 11.
* A parent / guardian where a patient aged 11 or over has given permission
* A parent / guardian who has legal responsibility for a patient between 11 and 16 and where a GP has assessed that the patient is not capable of making their own decisions regarding medical health
* A carer for a patient over the age of 16 – a letter from the patient would be required giving them permission

To be given proxy access, a representative must have the informed consent of the patient or, in cases where the patient does not have capacity to consent, the GP has decided that it is in the best interests of the patient for them to have proxy access. The Practice can refuse or withdraw proxy access at any time if they assess that it is in the patient’s best interests.

Patients aged 16 or above are assumed to have the capacity to consent unless there has been an assessment to indicate they do not. Young patients between the ages of 11 and 16 who are judged as having capacity to consent by their GP may also consent to give proxy access to someone else.

Legitimate reasons for the practice to authorise proxy access without patient consent include:

* The patient has been assessed as lacking capacity to make a decision on granting proxy access and
  + the applicant has a lasting power of attorney for health and welfare registered with the Office of the Public Guardian,
  + the applicant is acting as a Court Appointed Deputy on behalf of the patient, or
  + the GP considers it to be in the patient’s interest in accordance with the Mental Capacity Act 2005 code of practice.
* The patient is a child who has been assessed as not competent to make a decision on granting proxy access

On a child’s 11th birthday, the current proxy access will be restricted, unless the GP has already assessed the child as able to make an informed decision and the child has given explicit consent for their record to be shared. This is a national standard imposed by NHS

England to protect the confidentiality rights of young people. We will send notification to the proxy user 3 months before the child’s 11th birthday to inform them of this change from 11-16, a parent with proxy access will automatically have their access restricted. They will still be able to see demographic data, make appointments and order repeat prescriptions but will not be able to see the young person’s past appointments or clinical record.

All remaining proxy access will be switched off at the child’s 16th birthday, unless the young person is coded competent and has given explicit consent to the parental access. Again, notification will be sent to the proxy user 3 months before to explain that all proxy access will be switched off. If the patient wishes to grant continued access before this is stopped, this can be updated, and access will continue. However, once access has been stopped, if the patient wants proxy access re-instated, they will need to come to the surgery in person with proof of ID to request it.

Parents may continue to be allowed proxy access to their child’s online services, after careful discussion with the GP, if it is felt to be in the child’s best interests.

**Registration Form Access to GP Online Services  
For children aged 11 - 15**

1. **PATIENT Details**

|  |  |
| --- | --- |
| **First Name:** | **Surname:** |
| **Date of Birth:** | **Telephone number:** |
| **Address:**      **Postcode:** | |

Children aged 11 – 15 can:

1. *Access their own GP services online*
2. *Allow a parent/carer/guardian access to some or all services (proxy access)*
3. *Allow a combination of 1) + 2)*

**The child’s GP may need to discuss online access with him/her  
and/or any proxy applying for access on the child’s behalf**

1. **ACCESSING YOUR OWN ONLINE SERVICES**

*I would like access to the following services:*

|  |  |
| --- | --- |
| **Booking my appointments** |  |
| **Requesting my repeat prescriptions** |  |
| **Updating my contact details (demographics)** |  |
| **Secure online access to my full electronic GP record** |  |

|  |
| --- |
| * **I will be responsible for the security of the information that I see or download** * **If I choose to share information with anyone else, this is at my own risk** * **I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement** * **If I see information in the record that is that is not about me, or inaccurate, I will contact the practice as soon as possible** |
| **MUST BE SIGNED IN FRONT OF THE RECEPTIONIST**  **Signature:** |
| **Date:** |

1. **PROXY ACCESS**

**You can choose which services to allow your parent/guardian/carer to be able to access online**

* I hereby give permission to my GP practice to give the person(s) listed below proxy access to the following services on my behalf (please tick):

|  |  |
| --- | --- |
| **Booking my appointments** |  |
| **Requesting my repeat prescriptions** |  |
| **Updating my contact details (demographics)** |  |
| **Secure online access to my full electronic GP record** |  |

* 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 proxy access to my health records, should I have authorised this

|  |
| --- |
| **Signature:** |
| **Date:** |

|  |
| --- |
| If the child is unable to provide informed consent to proxy access, please indicate why: |

***Proxy Users***

|  |
| --- |
| * **I will be responsible for the security of the information that I see or download** * **If I choose to share information with anyone else, this is at my own risk** * **I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement** * **If I see information in the record that is that is not about the child, or inaccurate, I will contact the practice as soon as possible** |

|  |  |
| --- | --- |
| **Full Name:** |  |
| **DOB:** |  |
| **Address:** |  |
| **Tel. No:** |  |
| **Email address:** |  |
|  | **Are you a patient at The Bedford Park Surgery?**  **Yes**  **No**  **Are you already registered at The Bedford Park Surgery for GP online services? You will be asked to register yourself before proxy access is arranged if not.**  **Yes**  **No** |
| **Relationship to patient:** |  |
| **Signature:** |  |
| **Date:** |  |

***For Reception use: ONE ID FOR ALL PARTIES REQUIRED***

|  |  |
| --- | --- |
| **Identity verified by**  **(FULL NAME):**  **Sign:   Date:** | **Patient ID: Tick all that apply:**  **Personal vouching**  **Vouching with information in record**  **Birth Certificate/Passport/Photo Driving Licence**  **Proof of residence** |
| **Identity verified by (FULL NAME):**  **Sign:   Date:** | **PROXY 1: Tick all that apply:**  **Personal vouching**  **Vouching with information in record**  **Birth Certificate/Passport/Photo Driving Licence**  **Proof of residence**  **Does this proxy have PARENTAL RESPONSIBILITY?** |

*Parental responsibility:*

* If the birth mother
* If the birth father and married to the mother at the time of child’s birth or subsequently
* If the birth father and *not* married to the mother, but the child
  + was born after 01/12/2003 *and*
  + father’s name is on the birth certificate
* If an adoptive parent
* If the child’s legal guardian
* If has court-appointed parental responsibility

This form will be stored on your medical record.