

CARLTON STREET SURGERY

Proxy application for online access to a patient's appointments, prescriptions & summary record.

Patient's Surname	Date of birth
Patient's First name	
Patient's Address	
Postcode	
Email address	
Telephone number	Mobile number

Please give my parent/carer/the person who looks after me, access to the following online services (please tick all that apply):

1. Booking appointments	<input type="checkbox"/>
2. Requesting repeat prescriptions	<input type="checkbox"/>
3. Accessing my medical record (medications, allergies & adverse reactions) (Please note this will not be accessible to under 16's)	<input type="checkbox"/>
Patient's	Date

Proxy details:	
Relationship to patient:	
Surname	Date of birth
First name	
Address	
Postcode	
Email address	
Telephone number	Mobile number

I wish to access patient online services on behalf of the above named patient and understand and agree with each statement below (tick)

1. I have read and understood the information leaflet provided by the practice	<input type="checkbox"/>
2. I will be responsible for the security of the information that I see or download	<input type="checkbox"/>
3. I will not share this patient's information with anyone else.	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that the patient's account has been accessed by someone without the patient's agreement	<input type="checkbox"/>
5. If I see information in the record that is inaccurate, I will contact the practice as soon as possible	<input type="checkbox"/>

Proxy Signature	Date
-----------------	------

For practice use only

Patient NHS number		E-mail address added to SystemOne <input type="checkbox"/>
Identity verified by (initials)	Date	Documents seen Photo ID <input type="checkbox"/> Proof of residence <input type="checkbox"/> Recorded on SystemOne <input type="checkbox"/>
SystemOnline account created and log in Yes <input type="checkbox"/> No <input type="checkbox"/> Date		
Permissions enabled Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/>		
Proxy Access granted:		
<input type="checkbox"/> Appointments <input type="checkbox"/> Prescriptions <input type="checkbox"/> Summary record <input type="checkbox"/> Full record		Notes