

## PROXY ACCESS TO ONLINE SERVICES – PATIENT INFORMATION (page 1)

Proxy access allows a parent/guardian, relative or carer to manage online services on behalf of another patient. Depending on the level of access required, the proxy user can book telephone triage appointments for the patient, order repeat prescriptions and view parts of the patient's medical record, e.g. test results.



### How to apply

Complete the attached Online Proxy Access Application Form and pass it to Reception. The Practice will need to verify the patient's identity **and** the identity of the proxy representative(s). All patients aged 11 upwards, who are mentally competent, must give consent to proxy access by signing the application form. If you are registering on behalf of a child aged under 11 we will need to see a copy of the child's birth certificate or red child health book. You will be asked that you have read and understood this patient information before the application is processed. The application will be passed to the patient's GP to authorise and we will notify you of the GP's decision. We only offer this service to proxy applicants who come to reception themselves to collect and complete the necessary paperwork.



### How to register

Once the patient's GP has authorised the application the proxy user is given details to register for online access. Proxy access is linked to the patient's computerised medical record at their registered Practice (*not the proxy's Practice*). The proxy user registers and creates a secure password for their individual use. To register, go to [www.patientaccess.com](http://www.patientaccess.com)



## ONCE YOU ARE REGISTERED YOU CAN ACCESS THE FOLLOWING SERVICES

### Book the patient's next appointment online

- You can view and book telephone triage appointments (initial assessment) at your convenience  
*We operate a triage system if a patient is unwell and needs to see a clinician on the same day. A clinician will telephone you back to discuss the patient's symptoms. You may then be asked to come to the Practice (if possible). Online triage appointments should not be used for any other purpose. All Nurse appointments should be booked by telephoning the Practice.*
- You can cancel appointments at your convenience
- Electronic management of appointments
- Quick and easy to use
- Avoid busy telephone lines
- Access outside Practice hours



### Request repeat prescriptions online

- Access a list of repeat medications and request a repeat prescription  
*Note: this service is not for new prescription requests, only existing prescriptions already on "repeat"*
- Minimise your trips to the Practice
- Your request is authorised online by the Practice, so you know when it is ready to collect
- Avoid queues and busy telephone lines



**View parts of the patient's medical record online** - including information about medication, allergies, vaccinations, previous illnesses and test results.



### Patient.co.uk

Patient Access contains links to [www.Patient.co.uk](http://www.Patient.co.uk) which is a trusted comprehensive source of GP-approved health information leaflets for patients.

### Mobile app



The free Patient Access app provides greater convenience for patients who are away from a computer, with access to a Smartphone. Download at: [patient.co.uk/accessapp](http://patient.co.uk/accessapp)

### Safe and secure



All data contained within Patient Access is protected using the highest standard internet security so you can be sure all your personal information is safe and secure.

**PROXY ACCESS TO ONLINE SERVICES – PATIENT INFORMATION (page 2)**

**FREQUENTLY ASKED QUESTIONS:**

**I am applying for proxy access to another patient's records. Does the patient for whose records I wish to have proxy access to have to be registered at the same practice as me?**

No, as long as both practices offer Patient Access, you can still manage their account.

**I already have my own Patient Access account, how do I gain access to another patient's account?**

As you already use Patient Access, you do not need to register a second account for the patient(s) for whom you would like proxy access. Once your proxy application has been approved you will be provided with access registration information. Use your existing account to link to the required Practice(s) and patient(s). You can link to as many children/patients as you need to, provided access has been approved. You simply switch between patients by selecting your name in the top right corner of Patient Access, then select "Linked Users". If you are using the app on your mobile, select More to access linked users.

**I don't use Patient Access but need to act as a proxy for another patient, how do I gain access?**

Complete the Online Proxy Access Application form. Once the proxy application has been approved you will be given access registration information. Register with Patient Access as shown on Page 1, using the registration information. You will automatically be linked to the patient in question.

**Can care homes use proxy access and does each patient have to have their own account? Most do not have an email address.**

The patients do NOT need an online access account, the proxy needs to be registered and given access to the account(s). For example, one care home staff member could manage the accounts of all 10/20/30 patients. The staff member would have one set of login details and then be able to switch between patients. A proxy user can be linked to as many patients as needed.

**Are there any age restrictions regarding proxy access?**

Adult patients with capacity may give informed consent to proxy access. People aged 16 or above are assumed to be competent to make a decision unless there is an indication that they are not. Young people aged 11 up to the age of 16, who are mentally competent, must give consent to proxy access by signing the application form. Each application will be considered by the patient's usual GP.

**I have been granted proxy access to my child's records. The child is aged under 11. What happens when the child reaches the age of 11?**

A proxy account will be restricted when the child reaches the age of 11. This is so a clinician can assess whether or not the patient is competent to give consent or not to proxy access. The proxy user will be notified of this by email 3 months prior to the patient's birthday. If the patient gives signed consent, the proxy user will be added again to the patient's account.

**What happens with a child reaches the age of 16?**

Proxy access to a child's account will be revoked when the child reaches the age of 16. The proxy user will still be on the system, but no longer linked to the patient. Patients over 16 are deemed competent to manage their own account. The proxy user will be notified of this by email 3 months prior to the patient's birthday. In certain circumstances the proxy user may still need access to the patient's account. If this is the case, the patient should give signed consent to proxy access.

**Please note:**

- As proxy, if you print out any information it is your responsibility to keep this secure. If you are at all worried about keeping printed copies safe, we recommend that you do not make copies at all.
- The Practice may not be able to offer proxy online access due to a number of reasons such as concerns that it could cause harm to physical or mental health or where there is reference to third parties.
- The Practice has the right to remove proxy online access to anyone that does not use it responsibly.

## APPLICATION FOR PROXY ONLINE ACCESS – PATIENT CONSENT

**SECTION 1 - The patient** *The person whose records are being accessed*

|                  |               |
|------------------|---------------|
| Surname          | First Name(s) |
| Address          |               |
| Postcode         |               |
| Date of Birth    | Email Address |
| Telephone number | Mobile number |

**SECTION 2 – Patient to complete** – *all patients aged 11 upwards, who are mentally competent, must complete and sign this section where possible. If the patient does not have capacity to consent to grant proxy access and proxy access is considered by the Practice to be in the patient’s best interest, this section may be signed by the patient’s named GP. **Signature is not required for children under 11.***

I, \_\_\_\_\_ (name of patient) give permission to my GP Practice to give the following person or people

|                  |                  |
|------------------|------------------|
| <b>(Proxy 1)</b> | <b>(Proxy 2)</b> |
|------------------|------------------|

proxy access to the online services as indicated below

|  |                          |
|--|--------------------------|
| 1. Booking telephone triage appointments (initial assessment)                                    | <input type="checkbox"/> |
| 2. Requesting repeat prescriptions   | <input type="checkbox"/> |
| 3. Limited Access (1 & 2 plus access to medication information and allergy information)          | <input type="checkbox"/> |
| 4. Detailed Access (1, 2 & 3 plus access to problem summary, test results, immunisation history) | <input type="checkbox"/> |

- I reserve the right that at any time I may reverse my decision to grant proxy access
- I understand the risks of allowing someone else to have access to my health records
- I have read and I understand the “Proxy Access To Online Services – Patient Information”

|                     |      |
|---------------------|------|
| Patient’s Signature | Date |
|---------------------|------|

**SECTION 3 - The proxy(s)** *(representative(s) - The person or people seeking proxy access to the patient’s online records, appointments or repeat prescription*

| PROXY 1       | PROXY 2   |
|---------------|---|
| Surname       | Surname   |
| First name    | First name  |
| Date of birth | Date of birth   |
| Address       | Address (tick if both same address <input type="checkbox"/> ) |
| Postcode      | Postcode  |
| Telephone     | Telephone   |
| Mobile        | Mobile  |
| Email         | Email   |

***Email addresses must be independent for each user and not linked to another online account user***

**SECTION 4 - Declaration by Proxy(s) (representative(s) and signature(s))**

|      |   |           |
|------|---|-----------|
| I/We | (Proxy 1)   | (Proxy 2) |
|      | names of representative(s) wish to have online access to the services ticked in section 2 above |           |
| For  | (Name of patient)   |           |

I/We understand my/our responsibility for safeguarding sensitive medical information and I/We understand and agree with each of the following statements **(please tick box below to agree):**

- |  |                          |
|--|--------------------------|
| A. I/We have read, understood & kept the "Proxy Access To Online Services – Patient Information" provided by the Practice and agree that I/we will treat the patient information as confidential   | <input type="checkbox"/> |
| B. I/We will be responsible for the security of the information that I/we see or download  | <input type="checkbox"/> |
| C. I/We will contact the Practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement   | <input type="checkbox"/> |
| D. If I/We see information in the record that is not about the patient, or is inaccurate, I/we will contact the Practice as soon as possible. I will treat any information which is not about the patient as being strictly confidential | <input type="checkbox"/> |
| E. I/We accept that if I/we misuse the online appointment system my/our access to this service may be withdrawn  | <input type="checkbox"/> |

| PROXY 1                                      |                          | PROXY 2                                      |                          |
|--|--------------------------|--|--------------------------|
| I would like my log in details emailed to me | <input type="checkbox"/> | I would like my log in details emailed to me | <input type="checkbox"/> |
| I would like to collect my log in details    | <input type="checkbox"/> | I would like to collect my log in details    | <input type="checkbox"/> |
| Proxy 1<br>Signature                         |                          | Proxy 2<br>Signature                         |                          |
| Date   |                          | Date   |                          |

**SECTION 5 – to be completed by Receptionist accepting this form from the patient or proxy(s)**

|  |   |  |  |
|--|---|--|--|
| Patient's NHS number   | Patient's EMIS number   |  |  |
| <b>Receptionist - Check Identity for Patient <u>AND</u> Proxy(s) – Tick the verification method used</b> |   |  |  |
| Patient ID   | Vouching <input type="checkbox"/>   | Vouching with information in record <input type="checkbox"/> | Photo ID & proof of address <input type="checkbox"/> |
|  | Birth certificate (if proxy is registering on behalf of a child aged under 16) <input type="checkbox"/>             |  |  |
|  | Birth certificate or red book (if proxy is registering on behalf of a child aged under 11) <input type="checkbox"/> |  |  |
| Proxy 1 ID   | Vouching <input type="checkbox"/>   | Vouching with information in record <input type="checkbox"/> | Photo ID & proof of address <input type="checkbox"/> |
| Proxy 2 ID   | Vouching <input type="checkbox"/>   | Vouching with information in record <input type="checkbox"/> | Photo ID & proof of address <input type="checkbox"/> |
| Completed by (Receptionist Name)   |   |  | Date   |

**SECTION 6 – GP to complete (GP to approve the level of access granted)**

|  |                                  |
|--|----------------------------------|
| Level of record access approved                            | Notes / comments on proxy access |
| Contractual minimum (1 & 2 above) <input type="checkbox"/> |                                  |
| Limited access (1, 2 & 3 above) <input type="checkbox"/>   |                                  |
| Full Access (1, 2, 3 & 4 above) <input type="checkbox"/>   |                                  |
| No Approved Access <input type="checkbox"/>                |                                  |
|  | Signature of GP                  |

**SECTION 7 – For authorised Practice staff only (KB, VS, PB, CS, SH)**

|                         |            |                       |                                  |   |
|-------------------------|------------|-----------------------|----------------------------------|---|
| Date account(s) created | Created by | Proxy 1 Login Details | Emailed <input type="checkbox"/> | Proxy asked to collect <input type="checkbox"/> |
|                         |            | Proxy 2 Login Details | Emailed <input type="checkbox"/> | Proxy asked to collect <input type="checkbox"/> |