**THE VILLAGE SURGERY**

**Application for Proxy User Access for Willow Court Residents for new registration**

**Proxy Access allows for named person/individuals at Willow Court to order medication via the secure GP Online Services (‘Patient Access’) through the patients GP Record held at The Village Surgery. This is a more secure, accurate, speedy and safe way for the care home staff to order repeat medications.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient for whom access is being requested** | | | | | | | | | | | |
| Title |  | | First Name |  | | | Last name | | |  | |
| Gender |  | | | | | | Date of Birth | | |  | |
| NHS number |  | | | | | EMIS number | | | |  | |
| Address | Willow Court Nursing Home, Aldwickbury Crescent, Harpenden AL5 5SD | | | | | | | | | | |
| **TO BE COMPLETED BY PATIENT or PATIENT’S ATTORNEY FOR HEALTH AND WELFARE** | | | | | | | | | | | |
| * **I give permission to The Village Surgery to give the below named individual/s proxy access to the online services as indicated 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 and I have read and understood the information leaflet provided by the practice.** | | | | | | | | | | | |
| I grant permission to allow access to **order repeat prescriptions** to the practice | | | | | | | | | | | sign |
| I grant permission to allow access to look at   * Allergies * Immunisations * Be able to update personal details * Test results * All coded information including medical problems * Letters from date of signing this form or from time of registration for new registered patients | | | | | | | | | | | *Sign* |
| **\*Signature** | |  | | | | | | **Date** |  | | |
| Name and relationship (if signed on behalf of patient) | | | | |  | | | | | | |

**\*If the patient does not have capacity to consent this should be signed by the person holding lasting power of attorney for health and welfare or by the GP (if no LPA is inforce, and the patient lacks Capacity and it is judged in Best Interests of the Patient).**

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| **Proxy Users at Willow Court, for whom Proxy Access is being applied** | | | |
| 1 | Title | First Name | Last name |
| Gender | | Job Role |
|  | Date of Birth | |  |
| 2 | Title | First Name | Last name |
| Gender | | Job Role |
|  | Date of Birth | |  |
| 3 | Title | First Name | Last name |
| Gender | | Job Role |
|  | Date of Birth | |  |
| Address | | **Willow Court**  **Aldwickbury Court**  **Harpenden AL5 5SD** | |
| Email | |  | |

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| --- | --- | --- |
| **TO BE COMPLETED BY THE PROXY USER/USERS APPLYING FOR ACCESS** | | |
| **I understand our responsibility for safeguarding sensitive medical information and understand and agree with the following three statements *(please tick to indicate agreement to all three):*** | | |
| I shall be responsible for the security of the information that I view. | |  |
| I shall contact the practice as soon as possible if I suspect that the account has been accessed by someone without the patient’s or their LPA’s agreement. | |  |
| If I see information in the record that is not about the patient or is inaccurate, I shall contact the practice as soon as possible and I shall treat any information which is not about the patient as being strictly confidential. | |  |
| **Name and Signature** | **Date** | |
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| --- | --- | --- | --- |
| **FOR GP PRACTICE USE:**  **Scan into EMIS once actioned** | | | |
| Proxy user added to patient account |  | Date: | Initials: |