



## **Consent to Proxy Access to GP Online Services (Children under 13)**

A parent or guardian with parental responsibility may request proxy access for their child under the age of 13. To obtain proxy access, the parent must first be registered for Online Services at our Practice. Only parents who are registered on our medical records system can be granted Proxy Online Access.

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.

If approved the parent will be given online access for their child.

A parent with Proxy access will be able to book appointments and order repeat prescriptions for the child, and will also have access to the elements of the child's patient record that have been released for online access.

Proxy access can be withdrawn if there is any suspicion about the motives of the parent, at the discretion of the child's GP.

Note that Proxy access will be discontinued when the child reaches 13 years old. At that stage, a child wishing to use Online Services may choose to register in their own right, and can be given their own logon ID and password. Proxy access can continue only if the child grants explicit consent to do so. This can be withdrawn at any stage by the child. Their GP will be consulted to determine the child's competence to give that consent.

One form should be completed for every parent / guardian being granted proxy access to a child's medical record and for each child for whom access is being requested.

### **Section 1: Child's details**

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

**Section 2 (Services to be accessed)**

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

**Section 3 (Parent / guardian):**

**I confirm that I wish to register for Proxy Online Access for the Online Services identified in Section 2 above for the following child for whom I have parental responsibility:**

.....  
(Child's name)

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	