



Office Use Only – Account Created Date:
 ADMIN NOTE – DO NOT SCAN UNLESS DATE ENTERED

Version: December 2024

Consent to proxy access to GP online services

FOR 0-10 YEAR OLDS	This form should be returned to the Surgery, in person, by the named Proxy User (Representative) below with valid photo I.D.
FOR 11 – 15 YEAR OLDS	This form should be returned to the Surgery, in person, by the named Proxy User (Representative) below with valid photo I.D. A face-to-face consultation may be arranged between the Patient, the Proxy user and the Patient’s usual GP. We will make reasonable adjustments to suit the communication needs of the individual where needed. Please discuss any requests with a member of the Reception Team.
FOR ADULTS 16+ YEARS	(Where the Patient has full Capacity to agree to consent) This form should be returned to the Surgery, in person, with both the Patient and the Proxy User (Representative) present with valid photo id.
THIS WILL NEED TO BE HANDED TO A MEMBER OF THE RECEPTION TEAM IN ORDER FOR THEM TO VALIDATE THIS REQUEST.	

If the patient is under 11, the Proxy access will be revoked on the Patient’s 11th Birthday.

Section 1 (If the patient is **under 11**, or 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, section 1 of this form may be left blank)

I,..... (name of patient), give permission to my GP practice to give the following people
 proxy access to the online services as indicated below in section 2.



- 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.

Signature of patient:

Date:

Section 2

Please tick which access you would like to be granted for your Proxy user:

BASIC LEVEL ACCESS:

The Proxy user will have access to:

1. Online appointments booking and cancelling. The Proxy user will have access to any previous or planned appointment details.

2. Online prescription management. The Proxy user will have access to any previous or current Medications.

ADVANCED LEVEL ACCESS:

The Proxy user will have access to:

1. Online appointments booking and cancelling. The Proxy user will have access to any previous or planned appointment details.

2. Online prescription management. The Proxy user will have access to any previous or current Medications.

3. Allergies/Adverse Reactions. you will be able to see what allergies you suffer from and what if any adverse reactions you have had (i.e. to medication). There is also a link to Patient.co.uk which has further information about your allergies.

4. Immunisations; you will be able to see any immunisations/vaccinations we have a record of and the date you had them. There is also a link to Patient.co.uk, which has further information about any of the vaccinations you have had.

5. Problems; this section shows you your current and past coded medical problems.

6. Consultations; you will be able to see a record of your recent consultations (coded data entry only, not text entries).

7. Test Results; you will be able to view your test results once they have been reviewed by your doctor. You will see a value, a range and a comment that has been added by your doctor.

Principals - Dr Helen Mutch, Dr Alison Vassallo, Dr Hugh Davies, Dr Nicola Flemming

Associates - Associates - Dr Amanda Ross, Dr Kirsty Dolphin, Dr Laura Reed, Dr Hannah Richmond, Dr Matthew Hartley

I LEWIS ROAD
BEDMINSTER DOWN
BRISTOL BS13 7JD
APPOINTMENTS AND CLINICS TEL - 0117 964 2211
ADMINISTRATION TEL - 0117 964 0900
FAX - 0117 987 3227



8. Values; you will be able to view values such as your height, weight, and blood pressure.

This level of access will be granted from the date that your account is created. If you would like this to be activated retrospectively, please enter the date from which you would like access from:

Date: (If retrospectively)

Section 3

I..... (name of representative)
wish to have online access to the services ticked in the box above in section 2 for
..... (name of patient).

I understand my/our responsibility for safeguarding sensitive medical information.

The Patient

Surname:	Date of Birth:
First name(s):	
Address:	
Postcode:	
Email address:	
Tel Number:	Mob Number:

I LEWIS ROAD
BEDMINSTER DOWN
BRISTOL BS13 7JD
APPOINTMENTS AND CLINICS TEL - 0117 964 2211
ADMINISTRATION TEL - 0117 964 0900
FAX - 0117 987 3227



The Representative

(This is the person seeking Proxy access to the patient's online records, appointments or/and repeat prescriptions)

Surname:	Date of Birth:
First name(s):	
Address:	
Postcode:	
Email:	
Contact Numbers:	
Relationship to Patient:	

Section 3A

Where the Patient is under 16. If the Patient is OVER 16, please move to section B.

Do you have Parental Responsibility for the Patient named in Section 3?

• Yes

• No

(If NO, we will not be able to grant Proxy access at this time and this form will be destroyed)

Are you the patients Paternal Father or do you have sole custody of the Patient?

• Yes

• No

I LEWIS ROAD
BEDMINSTER DOWN
BRISTOL BS13 7JD
APPOINTMENTS AND CLINICS TEL - 0117 964 2211
ADMINISTRATION TEL - 0117 964 0900
FAX - 0117 987 3227



*If YES, please note, we will need to see the Child's Birth certificate where you are named as the Paternal Father **or** a Marriage Certificate to show you were married to the Patient's Mother PRIOR to the patients Date of Birth.*

(If NO, we will not be able to grant Proxy access at this time and this form will be destroyed)

Section 3B

Where the Patient is Over 16 but lacks capacity to consent to Patient Access.

Do you have Power of Attorney for this Patient, or are you a Court Approved Official acting on behalf of the Patient?

- Yes
- No

If YES, please note, we will need to see a copy of either document. This will be checked on the Online Database.

If NO, please move to question below.

Do you not have a Power of Attorney, is NOT a Court approved Official but believe having Proxy access for the above-named Patient is in the Patient's best interests?

- Yes
- No

If yes, please note, you may be contacted for a consultation with the Patient's named GP prior to Proxy Access being granted.

If no, this form will be destroyed.

I LEWIS ROAD
BEDMINSTER DOWN
BRISTOL BS13 7JD
APPOINTMENTS AND CLINICS TEL - 0117 964 2211
ADMINISTRATION TEL - 0117 964 0900
FAX - 0117 987 3227



Section 4

For the Patient to complete ONLY.

Where applicable, it is YOUR (the Patient) responsibility to inform the Practice at the **earliest opportunity** if any details in this Form change or if you wish for the Proxy access to be stopped OR level of access altered.

Please tick here to acknowledge this.

We will not be able to validate this request if the above box is NOT acknowledged.

Thank you for completing this form.

A Member of our team will contact you within 7-10 working days. This will usually be by text message.

We will not keep evidence of any evidence supplied.

I LEWIS ROAD
 BEDMINSTER DOWN
 BRISTOL BS13 7JD
 APPOINTMENTS AND CLINICS TEL - 0117 964 2211
 ADMINISTRATION TEL - 0117 964 0900
 FAX - 0117 987 3227



Practice use only

Photo ID verified by:(Reception initials):	Date:
D/L or Passport Number: Patient/Proxy/Both (Delete where appropriate)	
(Where appropriate) (S.3) Was a Marriage certificate produced (where the date was prior to the Patient's DOB OR a Birth Certificate where the Proxy user is named as the Paternal Father?	
Appointment booked: (0-16year olds) or where TL Query consent:	
Any reasonable adjustments required:	