

Application for Proxy Access to GP Online Services (0-15years) – Otford Medical Practice

Full Name of Child			
Name of Proxy		Child's Date of Birth	
Address of proxy			
Postcode		Email address Of proxy	
Relationship to child		Mobile number Of proxy	

I wish to apply for Proxy access for child 0-10 years of age Prescriptions and Appointments and Summary Care Details	Box 1 <input type="checkbox"/>
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Access to Prescriptions and Appointments and Summary Care Details – I am aged between 11 and 16 and agree that the PROXY named above can have online access on my behalf :- Signature of Child _____ Date _____	Box 2 <input type="checkbox"/>
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PLEASE FILL IN ONLY ONE BOX FROM BOXES 1 TO 3 THANK YOU

Access to Prescriptions and Appointments and SCR – I am aged 11 years or over and my parent has signed consent below to allow me to have my own access. Signature of parent _____ Date _____	Box 3 <input type="checkbox"/>
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For all levels of access: **I understand and agree with each statement** (please 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. If I choose to share this information with anyone else, this is at my own risk	<input type="checkbox"/>
4. I will contact the practice as soon as possible if I suspect that this account has been accessed by someone without my agreement	<input type="checkbox"/>
5. If I see information in my record that is not about my child/myself, or is inaccurate I will log out immediately and contact the practice as soon as possible	<input type="checkbox"/>
6. I attach ID/proof of residence (for parents and carers acting as proxy) as detailed below and my child's birth certificate or passport. (For parents only)	<input type="checkbox"/>
7. I attach my birth certificate or passport (for child 11years + ONLY)	<input type="checkbox"/>

Signature of Proxy (or Child's signature if Box 3 above is ticked.)	Date	
Please provide one current Photo ID and one Proof of Residence (not older than 3 months) for Proxy <u>and</u> Child's Birth Certificate or Passport .(tick relevant box)	For practice use only	
<u>Photo ID of PROXY</u> <input type="checkbox"/> Passport OR <input type="checkbox"/> Photo Driving Licence	Name & Signature of verifier	Date
<u>Proof of Residence – PROXY</u> <input type="checkbox"/> Bank or Building Society statement (within last 3 months) OR <input type="checkbox"/> Mobile Phone contract/Home/Vehicle Insurance (within last 3 months)		
ESSENTIAL : <input type="checkbox"/> Birth Certificate of Child or <input type="checkbox"/> Passport of Child		

FOR PRACTICE USE ONLY

<u>Vouching in absence of ID – DOCTOR/NURSE ONLY</u> <input type="checkbox"/> Vouching with knowledge <input type="checkbox"/> Vouching from record	Name & Signature of verifier	Date
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<u>11+ online access approval</u> - date GP approved:	
GP name & signature:	Access initiated by: (staff member) name/date

<u>11+ online access declined</u> - date declined:	
Reason declined:	
GP name & signature:	

Issue of Patient Access document:

Issue of Patient Access document– date:	PIN DOCUMENT EMAILED <input type="checkbox"/>
Issuing Staff member name & signature:	

If PIN document **not** emailed automatically but left out for pick up by patient: -

Date registration document collected by proxy/patient: _____
Photo ID confirmed on collection:
<input type="checkbox"/> Passport or
<input type="checkbox"/> Photo Driving Licence
Name and signature of staff member handing over access PIN document