

PATIENT CONSENT FOR PROXY ACCESS
TO ONLINE SERVICES FOR CARE HOME STAFF

Section 1 - To be completed by the care home manager;

Name of care home;

Address and contact details of care home;

Postcode Telephone

Email*

**This must be an organisational email address or the email address of the care home manager*

Details of patient consenting to proxy access of his/hers online services; Title Forename(s)

Surname

Date of birth/...../.....

Correspondence address and contact details of patient, if different to care home (e.g. next of kin);

Postcode Telephone

Email

Identity of Patient	I can confirm I have verified the identity of the patient named above Signature of care home manager
	Name Date/...../.....

Section 2 – Online Services Required - To be completed by the care home manager;

✓

Request medication on behalf the patient named above	<input type="checkbox"/>
Book appointments on behalf of the patient named above	<input type="checkbox"/>

Section 3 - Application Type - To be completed by the care home manager;

✓

I am requesting access to the online services of the patient named above and I have informed the patient and provided information about how they can object.	<input type="checkbox"/>	Complete section 5A
I am requesting access to the online services of the patient named above and the patient's next of kin or legal power of attorney has consented to the care home having access to the above patient's online account for booking appointments and/or prescription ordering based on the best interests for the patient.	<input type="checkbox"/>	Complete section 5B
I am requesting access on behalf of the care home to the online services of the above patient. I am requesting this access based on the best interests for the patient and a next of kin or legal power of attorney is unavailable.	<input type="checkbox"/>	Complete section 5C

Section 4 – Terms of Information Sharing Agreement – To be completed by the care home manager on behalf of the care home and all associated care home workers;

I/we understand and agree with each statement below with regards to the patient's online information;

✓

I/we have read and understood the information leaflet provided by the practice about online access and will treat the patient's information as confidential.	<input type="checkbox"/>
I/we will be responsible for the security of any of the information that I/we see or download.	<input type="checkbox"/>
I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed without my/our agreement.	<input type="checkbox"/>
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/we will treat this information as strictly confidential.	<input type="checkbox"/>

Section 5 – Consent – To be completed by all concerned parties;

5A	<i>Patient consents;</i> Signature of patient Date/...../.....
5B	<i>Next of kin or legal power of attorney has consented in the best interests of the patient;</i> Signature of next of kin or power of attorney Print name Date/...../.....
5C	<i>In the absence of next of kin or power of attorney I consent in the best interests of the patient;</i> Signature of care home manager Print name Date/...../.....

FOR OFFICE USE ONLY. <i>This section to be completed by a member of the practice data team.</i>		
<u>Action</u>	<u>Date</u>	<u>Staff Initials</u>
All approved care home staff with valid online user accounts given proxy access to the online services of the patient named above./...../.....
Requesting medication on behalf of the patient allowed./...../.....
Booking appointments on behalf of the patient named above allowed./...../.....