Twyford Surgery
Registration Form Access to GP Online Services – Children Aged 11 - 15

Children aged 11 – 15 can either:

Option 1 - Access their own GP services online.
Option 2 - Allow a representative access to all services (proxy access).

The child's GP may need to discuss online access with them and / or any proxy applying for access on the child's behalf.

Patient
This is the person whose records are being accessed

Date of Birth:	Age:	NHS No:
First Name:		
Middle Names:		
Surname:		
Address:		
Postcode:		
Email Address: (Required if requesting access to own records online)		
Mobile: (Required if requesting access to own records online)		

Please complete either Option 1 or Option 2, based on the level of access required.

<u>Option 1 - Accessing Your Own Online Services</u>

- I understand my responsibility for safeguarding sensitive medical information.
- I will be responsible for the security of the information that I see or download.
- If I choose to share information with anyone else, this is at my own risk.
- I will contact the practice as soon as possible if I suspect that the account has been accessed by someone without my agreement.
- 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 which is not about the patient as being strictly confidential.

Signature of Patient:	Date:

Option 2 - Proxy Access

- I give permission to my GP practice to give the representative proxy access to the online services to access my medical records.
- I understand the risks of allowing someone else to have access to my health records.
- I reserve the right to reverse any decision I make in granting proxy access at any time.

Signature of Patient:	Date:

If the patient is unable to provide informed consent** to proxy access, please indicate why:
** Informed consent for proxy online services means a patient voluntarily agrees to allow a designated individual to access their online health records and services, with full understanding of what that access entails. This agreement requires the patient to be adequately informed about the scope of the proxy's access, the potential risks and benefits, and the implications of granting such access.

The Representative

This is the person seeking proxy access to the patient's online records

Date of Birth:	NHS No:	Title:
First Name:		
Middle Names:		
Surname:		
Address:		
Postcode:		
Email Address: This email address will be added to the patient record		
Mobile:		
Relationship to Patient		

If as a parent you are applying for access to your child's records, please confirm your parental responsibility. At least one of the following must apply and your parental rights must not have been removed by the courts. Please tick to indicate which apply:

- ☐ Your name is on the birth certificate.
- ☐ If you are the father, you were married to the mother at the time of birth.
- ☐ You have been granted parental rights by the courts.
- ☐ If you are the father, you have the agreement of the mother.

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Signature of Representative:	Date:

For Practice Use Only

Patient Details:

Patient's NHS Number:	Date Patient Registered:
Identity Verified By (Print Name):	
Date Verified:	
Method:	Vouching with information in record: ☐ Birth Certificate ☐ Passport ☐ Bank Statement ☐ Other (Please record) ☐

Representative Details:

Representatives NHS Number:	Date Patient Registered:
Identity Verified By (Print Name):	
Date Verified:	
Method:	Vouching with information in record: ☐ Birth Certificate ☐ Passport ☐ Driving Licence ☐ Bank Statement ☐ Other (Please record) ☐

Online Services Access Set up By (Print Name):	
Signature:	
Date:	
Email Confirmation Sent to Representative Confirming Set Up:	Yes / No