Ellergreen Medical Centre

24 Carr Lane
Norris Green
Liverpool
L11 2YA
Tel. 0151 256 9800 Fax. 0151 296 7122
http://www.ellergreenmc.nhs.uk

A.B. Smith BSc MB ChB DRCOG DFFP DPD MRCGP
I.F. Shiffman MB ChB DObst RCOG
N. Culkin MB ChB DROCG DFFP MRCGP
C. Harding MB ChB MRCGP
L. Fadden MB ChB MRCGP
A. Halsall MBChB MRCGP
A. Wass MBChB MRCGP(2013)
O. Stevenson Mb ChB MRCGP

Consent To Proxy Access To GP Online Services

SECTION 1:- WHAT ONLINE ACCESS IS BEING REQUESTED?

Please tick whichever box applies.

1. Booking appointments	☐
2. Requesting repeat prescriptions	☐
3. Accessing my medical record	☐

SECTION 2:- WHO IS MAKING THE REQUEST?

If you are the patient and are making the request yourself for a representative to have online access to your medical record (we call this PROXY access), please complete Section 3 below and please note that you do not need to complete Section 4.

If you are making the request on behalf of the patient to have online access to their medical record (because the patient is not able to give consent) then please complete Section 4 below and please note that you do not need to complete Section 3.

SECTION 3:- REQUEST DIRECTLY FROM YOURSELF AS THE PATIENT

I (please enter details below) give permission to my GP practice, Ellergreen Medical Centre, to give the following people

…….. proxy access to the online services as indicated above in section 1.

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.

I have read and understand the information leaflet provided by the practice.

Ellergreen Medical Centre

24 Carr Lane
Norris Green
Liverpool
L11 2YA
Tel. 0151 256 9800 Fax. 0151 296 7122
http://www.ellergreenmc.nhs.uk

A.B. Smith BSc MB ChB DRCOG DFFP DPD MRCGP
I.F. Shiffman MB ChB DObst RCOG
N. Culkin MB ChB DROCG DFFP MRCGP
C. Harding MB ChB MRCGP
L. Fadden MB ChB MRCGP
A. Halsall MBChB MRCGP
A. Wass MBChB MRCGP(2013)
O. Stevenson Mb ChB MRCGP

Surname	First Name
Date of Birth	Email Address
Address & Postcode	
Telephone number	Mobile number
Signature of Patient	Date

SECTION 4:- REPRESENTATIVE OF THE PATIENT SEEKING PROXY ACCESS ON BEHALF OF THE PATIENT

I/we (please enter details below) wish to have online access to the services ticked in the box above in section 2 for …….…… (name of patient).

I/we understand my/our responsibility for safeguarding sensitive medical information and I/we understand and agree with each of the following statements:

1. I/we have read and understood the information leaflet provided by the practice and agree that I will treat the patient information as confidential	☐
2. I/we will be responsible for the security of the information that I/we see or download	☐
3. I/we will contact the practice as soon as possible if I/we suspect that the account has been accessed by someone without my/our agreement	☐
4. 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 will treat any information which is not about the patient as being strictly confidential	☐

Ellergreen Medical Centre

24 Carr Lane
Norris Green
Liverpool
L11 2YA
Tel. 0151 256 9800 Fax. 0151 296 7122
http://www.ellergreenmc.nhs.uk

A.B. Smith BSc MB ChB DRCOG DFFP DPD MRCGP
I.F. Shiffman MB ChB DObst RCOG
N. Culkin MB ChB DROCG DFFP MRCGP
C. Harding MB ChB MRCGP
L. Fadden MB ChB MRCGP
A. Halsall MBChB MRCGP
A. Wass MBChB MRCGP(2013)
O. Stevenson Mb ChB MRCGP

1st Representative	2nd Representative (if more than one)
Surname	Surname
First name	First name
Date of birth	Date of birth
Address Postcode	Address (tick if both same address ☐) Postcode
Email	Email
Telephone	Telephone
Mobile	Mobile
Signature	Signature

Ellergreen Medical Centre

24 Carr Lane
Norris Green
Liverpool
L11 2YA
Tel. 0151 256 9800 Fax. 0151 296 7122
http://www.ellergreenmc.nhs.uk

A.B. Smith	BSc MB ChB DRCOG DFFP DPD MRCGP
I.F. Shiffman	MB ChB DObst RCOG
N. Culkin	MB ChB DROCG DFFP MRCGP
C. Harding	MB ChB MRCGP
L. Fadden	MB ChB MRCGP
A. Halsall	MBChB MRCGP
A. Wass	MBChB MRCGP(2013)
O. Stevenson	Mb ChB MRCGP

SECTION 5:- ELLERGREEN STAFF ONLY *(please complete and sign)*

VERIFICATION Proof of photographic ID of proxy applicant seen Name of staff member_____ Signature of staff member_____ Date_____	
AUTHORISATION Proxy access authorised by (Name _____ Signature _____ Date _____	