The Muswell Hill Practice
Consent to proxy access to GP online services

Section 1: The patient

(This is the person whose records are being accessed)

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	Mobile number

If aged 11 or over, please sign to confirm you give permission for the people in section 2 to have access to your records as indicated below in section 3.

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: The representatives

(These are the people seeking proxy access to the patient's records)

Surname	Surname
First name	First name
Date of birth	Date of birth
Address Postcode	Address (tick if both same address ☐) Postcode
Email (write clearly)	Email (write clearly)
Telephone	Telephone
Mobile	Mobile

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 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	☐

Signature/s of representative/s	Date/s

Section 3: What access you would like to see online

Online appointments booking	☐
Online prescription management	☐
Allergies and medication	☐
Immunisations	☐

Please email this form to nclicb.tmhp.registrations@nhs.net with a copy of photo ID for each representative in Section 2 of the form.