|  |  |
| --- | --- |
|  | **ONLINE PROXY ACCESS CONSENT FORM**This form allows a patient to consent to issue proxy access to another person to access their online record only. This does not issue consent for this person to discuss their medical management. Both the patient and person being granted proxy access must both be registered at Bewick Crescent Surgery. |

|  |
| --- |
| **Patient details** |
| **Patient name** |  |
| **Patient's date-of-birth** |  |
| **Address (incl. Postcode)** |  |
| *I am a patient of Bewick Crescent Surgery and I would like to give consent for another person to have proxy access to my online medical record. I understand this will be recorded on my medical record. This access will not give my proxy any COVID Passes. I understand if any of the consent details change, or, I wish for this person to have this consent removed from my medical record I will contact the surgery immediately. A 'Consent Removal' form is available from our reception or can be downloaded from our website at* [*https://www.bewickcrescentsurgery.nhs.uk/*](https://www.bewickcrescentsurgery.nhs.uk/)*I understand and will inform the person below they will be required to present photographic identification at the surgery so they can be verified before this request is granted. I understand that a GP may contact me to ensure I have the capacity to make this decision.***Signature of patient / guardian:****Date:** |

|  |
| --- |
| **Contact details for the person I wish to grant proxy online access:** |
| **Full name** |  |
| **Address (incl. postcode).** |  |
| **Contact telephone number** |  |
| **Relationship to patient** |  |

**Bewick Crescent Surgery Only:**

|  |  |
| --- | --- |
| **ID of new person (above) recently gaining consent verified on (date):** |  |
| **Patient Notes Updated On (date):** |  |
| **Initials of staff updating:** |  |
| **Now add this document to the patient's medical record** |