**Proxy access to GP online services**

Please read the enclosed information and return the completed application form to Reception along with identification for both patient and representative.

**What is proxy access?**

Proxy access refers to access to online services by somebody acting on behalf of the patient and usually with the patient’s consent. Before the practice can provide proxy access to an individual on behalf of the patient the law requires us to satisfy ourselves that the person has the explicit informed consent of the patient or some other legitimate justification for authorising proxy access without patient consent.

The level of online access will be configured to the patient’s choice. Online services available include booking appointments, ordering prescriptions and viewing medical record (as currently available/ not available for under age 16).

The proxy user does not have to be a registered patient at the practice, but must be registered for online services at their own GP practice. The proxy user will always log on using their own login credentials.

The practice may refuse or withdraw proxy access, if they judge that it is in the patient’s best interest to do so.

**Who can gain proxy access?**

* A parent or guardian who has legal responsibility for patients who are under 11 years old.
* A parent or guardian where a patient is age between 11 and under 16 who has given permission.
* A parent or guardian who has legal responsibility for a patient age between 11 and under 16 where a GP has assessed that the patient is not capable of making their own decisions about medical health
* A carer for an adult patient (16 years and over) and has given permission.
* In cases where the patient does not have capacity to consent, the GP can decide that it is in the best interests of the patient for a representative to have proxy access, these will be considered on a case by case basis.

**Access to children's records**

* Age under 11- parents or guardians with legal responsibility may have access to their children’s record provided that the appropriate identification checks for parent and child are completed and approval given by GP. Services available: Booking appointments and ordering prescriptions.
* On a child’s 11th birthday proxy access will be restricted. This is a national standard imposed by NHS England to protect the confidentiality rights of young people. We will send a letter to the proxy user (parent/ guardian) to inform them of this change. A new application will need to be made with the consent of the child to either renew the proxy access or apply for their own access. Access will only be given with the approval of their GP.
* Ages 11 to under 16- it is understood that children will become competent to understand and give consent to others having access to their records. They may also be deemed competent to have access to their own record. All requests for online access either for proxy access or for a young person will require approval by a GP. Services available: Booking appointments and ordering prescriptions
* Ages 11 to under 16(without capacity to consent) Following GP assessment proxy access may be granted if the GP feels it is in the best interest for the patient for proxy access to be given. Services available: Booking appointments and ordering prescriptions

On the patients 16th birthday proxy access will be turned off and a letter will be sent to either the patient or proxy user (parent/ guardian) to inform them of the change. The patient will need to apply using an adult application form to gain further online access.

When our GPs are considering the application for proxy access The Gilick Competence and Fraser Guidelines will be followed.

**Identity verification**

**Applicants for proxy access must have their identities verified in a face- to face transaction in the same way as applicants to access their own record.**

**Where proxy access is requested with the consent of the patient, the identity of the person giving consent must be verified too.**

Please see the practice ‘Online Access information leaflet’ for more information of identification verification and examples of suitable identification you can provide.

**Reviewing proxy access**

Where proxy access has been granted with the consent of the patient the proxy access will be reviewed or withdrawn at the request of the patient. It will also be reviewed if the patient loses capacity to give consent unless the patient consented before they lost capacity to an enduring proxy access that would continue after they lost capacity.

Where proxy access was enabled on behalf of an adult patient who lacks capacity this will be reviewed should there be a change in capacity resulting in the patient re- acquiring capacity.

**Refusing proxy access**

If a GP or other health professional suspects that a patient is being coerced to give proxy access they will attempt to establish the true position with the patient. If after discussion with the patient there are still grounds for suspicion that the patient is not giving access freely then the GP will advise the patient that they are not going to authorise proxy access.

Proxy access will not be granted after discussion with the patient if:

* Practice staff members believe a patient under 16 is competent to make decision on access but the child has not given consent for proxy access to the person who is seeking it.
* There is a risk to the security of the patient’s record by the person being considered for proxy access.
* The patient has previously expressed the wish not to grant proxy access to specific individuals should they lose capacity, this will be recorded in the patient’s record.
* The patients GP judges that it is not in the best interests of the patient.

**Applying for proxy access**

A ‘Consent to proxy access to GP Online Services’ form must be completed this is available from our Reception or to download from our website.

The form should be completed by both the patient and the proxy access representative. The completed form should be returned to our Reception along with two forms of identification (photographic and proof of address– valid and dated within the last 3 months) for both patient and proxy representative.

Applications for patients under 16 we require the following identification:

* Birth certificate or passport for patient and two forms of identification (photographic and proof of address– valid and dated within the last 3 months) for the proxy representative.
* **Face to face verification of identification will be required for both parties by our Reception team. The completed form will then be processed and approval will be obtained by a GP before access is given.**

**Proxy Access without patient consent**

Legitimate reasons for the practice to authorise proxy access without the patients consent include:

* The patient has been assessed as lacking capacity to make a decision on granting proxy access and has registered the applicant as a lasting power of attorney for health and welfare with the Office of the public Guardian.
* The patient has been assessed as lacking capacity to make a decision on granting proxy access and the applicant is acting as Court Appointed deputy on behalf of the patient.
* The patient has been assessed as lacking capacity to make a decision on granting proxy access and in accordance with the Mental Capacity Act 2005 code of practice the GP considers it in the patient’s best interests to grant the access to the applicant.
* The patient is a child (age 11- under 16) who has been assessed as not competent to make a decision on granting proxy access.

**Section 1 (to be completed by patient)**

|  |  |
| --- | --- |
| **Name of Patient** |  |
| **Giving proxy access to (name of 3rd party requestor)** |  |
| I understand that I can change my decision and withdraw proxy access at any time. | **Yes/No** |
| I understand if my circumstances change and I feel uncomfortable with sharing the information I will contact the practice immediately to reverse my decision. | **Yes/No** |
| I understand the risks of allowing someone else to have access to my health records. | **Yes/No** |
| I have read and understand the information provided by the practice. | **Yes/No** |

**Section 2 (to be completed by patient)** **I authorise the following access:**

|  |  |
| --- | --- |
| 1. Booking appointments | **Yes/No** |
| 1. Requesting repeat prescriptions | **Yes/No** |
| 1. Access to basic medical record (as currently available for ages 16 and over) | **Yes/No** |
| 1. Access to detailed medical record (as currently available for ages 16 and over) | **Yes/No** |

|  |  |
| --- | --- |
| **Signed By patient :** | **Date:** |

**Section 3 (to be completed by requester)**

|  |  |
| --- | --- |
| I/ we have read and understood the information provided by the practice and agree that I will treat the patient information as confidential | **Yes/No** |
| I/ we will be responsible for the security of the information that I/we have access to | **Yes/No** |
| 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 | **Yes/No** |
| If I/ we see information in the record that is inaccurate, I/ we will contact the practice as soon as possible. | **Yes/No** |
| I can produce 2x forms of ID one proof of address e.g. bill or bank statement, and one photo ID eg passport/ driving licence | **Yes/No** |

|  |  |
| --- | --- |
| **Signed 3rd party requestor :** | **Date:** |

**Section 4 (Patient details):**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **DOB** |  |
| **Phone number/s** |  |
| **Email Address** |  |

**3rd party requestor details**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **DOB** |  |
| **Phone number/s** |  |
| **Email Address** |  |

**Internal use only**

|  |  |
| --- | --- |
| **ID presented/patient verified** |  |
| **Approved by GP (Initials)** |  |
| **Access granted (Admin initials)** |  |