Church Lane Surgery
Application for Adult Proxy Access to online services (16+ years)

Church Lane Surgery

Please complete this form in block capitals and tick as appropriate

Patient details

Surname	Date of birth
First name	
Address Postcode	
Email address	
Telephone number	
Mobile number	
Select your preferred method of contact: Text / Email/ Letter (please delete as appropriate)	
Do you already have a SystmOnline account of your own?	Yes ☐ No ☐

I wish to give proxy access to my online account to this person….

Proxy Accessors Details

Surname	Date of birth
First name	
Address (tick if same as above) ☐ Postcode	
Email address	

I wish to give the above person proxy access to the following online services that apply:

Booking appointments	☐
Requesting repeat prescriptions	☐
View my summary care record (medications, allergies and sensitivities)	☐

I wish to give the above person proxy access to this medical online record and understand and agree with each statement (tick):

I have read and understood the information leaflet provided by the practice	☐
I will be responsible for the security of the information that I see or download	☐
I will not share this information with anyone else	☐
I will contact the practice as soon as possible if I suspect that this account has been accessed without permission	☐
If I see information in this record that is about someone else or is inaccurate, I will contact the practice as soon as possible	☐

I consent to the above information give permission to give the named person online proxy access to my account.

Signature of patient	Date

For practice use only

Patients NHS number	
Patients Identity verified by (initials)	Date
Method of ID ☐ Photo ID and proof of residence	
(passport or photo driving licence AND or one official letter bearing patients name and address dated within the last three months from any of the following: bank, building society, local council, utility company or landline telephone provider. (Note: a photographic driving licence will suffice for both photo ID AND proof of address)	
Proxy Accessors Identity verified by (initials)	Date
Method of ID ☐ Photo ID and proof of residence	
(passport or photo driving licence AND or one official letter bearing patients name and address dated within the last three months from any of the following: bank, building society, local council, utility company or landline telephone provider.(Note: a photographic driving licence will suffice for both photo ID AND proof of address)	
Level of record access enabled: Standard Access ☐ Access Declined ☐	Reason for decline: Insufficient ID ☐ Referred to GP ☐
Completed by (initials)	Date