

Application for Online Services\* for Care Home Patients Proxy Access

### Section 1- Patients Details and ID Verification

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| --- | --- | --- | --- |
| **Patients Name:** | Click or tap here to enter text. | **Patients**  **Date of Birth:** | Click or tap here to enter text. |
| **Patients Address:** | Click or tap here to enter text.  **Postcode:**Click or tap here to enter text. | | |
| **Patient Email Address:** | Click or tap here to enter text. | | |
| **Contact Number**  **:** | Click or tap here to enter text. | | |

|  |  |
| --- | --- |
| **ID Verification:** | I can confirm I have verified the identity of this patient as per agreed ID Verification Protocol: **Care Home Managers Signature:**  **Date:** Click or tap to enter a date. |

### Section 2 – Application Type (Please place a ✓ in the appropriate box)

|  |  |  |
| --- | --- | --- |
| I am requesting access to the online services of a patient and I have informed the patient and provided information about how they can object. |  | *Complete section 3 and 4A* |
| The patients’ next of kin or legal representative that has lasting power of attorney (LPA) for health has consented to the Care Home having access to the above patient’s online account for booking appointments and prescription ordering based on the best interests for the patient. |  | *Complete section 3 and 4B* |
| I am requesting access on behalf of the care home to the online services of the above patient. I am requesting this access based on the best interests for the patient and a next of kin or legal representative is unavailable. |  | *Complete section 3 and 4C* |

### Section 3 – Terms of Agreement

**I understand and agree with each statement below with regards to the patient’s online information;** (Please place a ✓ in the appropriate box)

|  |  |
| --- | --- |
| I have read and understood the information leaflet provided by the practice about online access and will treat the patient’s information as confidential |  |
| I will be responsible for the security of any of the information that I see or download |  |
| I will contact the practice as soon as possible if I suspect that the account has been accessed without my agreement. |  |
| If I see information in the record that is not about the patient or is inaccurate, I will contact the practice as soon as possible. I will treat this information as strictly confidential. |  |

**ALL APPLICATIONS**

**Applicants Signature:**

**Date:** Click or tap to enter a date.



### Section 4 – Consent

|  |  |
| --- | --- |
| 4A | **Patient Consent.** I am the patient and I consent to the care home having proxy access to my records for online booking of appointments and ordering prescriptions only. I have been informed about how my patient data will be used and I understand how I can object or change my mind at any time. Patient’s Signature: **Date:** Click or tap to enter a date. |
| 4B | **Consent from next of kin or representative with lasting power of attorney for health**. I am the patient’s next of kin or legal representative that has lasting power of attorney (LPA) for health and I consent to the care home having proxy access to the above patient’s record for online booking of appointments and ordering prescriptions only, based on the best interests for the patient. Signature: **Date:** Click or tap to enter a date. |
| 4C | **Best Interest Decision, as the appointed advocate in the care home.** Signature: **Date:** Click or tap to enter a date. |

**Consenting to care home staff being able to access your GP record online to make appointments and order repeat prescriptions**

When Care Home staff request you to consent to them having online access to your medical information it is so they can book/cancel your appointments and request your medication through their computer which goes directly to your GP for signing.

**Why do they want to do this?**

In recent years online access to medical services has become very popular. The computer systems in GP surgeries make it very easy for patients to order repeat prescriptions and book/cancel appointments quickly, at any time of the day or night. This is more convenient for patients and saves the practice lots of time as they do not have to take as many telephone calls and deal with paper requests, meaning they can do things a lot quicker than before giving a better and safer service for patients.

**What am I consenting to?**

By signing this form, you are allowing your GP surgery to provide your Care Home with a login and password to your online medical information; this will not be your full Medical information and access is only to allow medication to be ordered and appointments to be booked.

**What will the Care Home be able to see and do?**

The GP Surgery decides what the Care Home will be able to see and do with your information; they are not granting access to your medical history as this is not required for ordering your medication. If you agree to this your Care Home **CAN** book/cancel appointments and request your repeat prescriptions.

**Is it safe and secure?**

When they submit this form, you have signed to the GP surgery, your Care Home is agreeing to the terms listed on the application form which includes keeping your login details safe and secure. The computer system also has built in security that disables online accounts if there have been a number of unsuccessful logins.

**Can I object?**

Yes, you can object at any time and your objection will be respected. If you are the patient’s next of kin, you can also request access to be removed. You must contact the GP surgery to do this.

**Can I have online access?**

Yes you can. You can also consent for your next of kin to have online access. If you are the patient’s lasting Power of Attorney, you can also apply for this access. All requests for access must be made to the GP Surgery.