

Application for proxy access to online services

Patient details:			
Surname		Forename	
Date of birth		NHS number (if known)	
Street		County	
Town or city		Postcode	
Home Telephone Number		Mobile Phone Number	
Nominated individual details:			
Surname		Forename	
Date of birth		NHS number (if known)	
Street		County	
Town or city		Postcode	
Telephone		Relationship to patient	
Do you already have an online account with the practice?			

I give permission for my nominated individual to have proxy access to the online services as detailed below:

Booking appointments	
Requesting repeat prescriptions	

I am aware that my GP may overrule my decision at any time and that this authorisation will remain in force until/...../..... or until cancelled by me (in writing). I understand the risks of allowing someone else access to the online services detailed above.

Signature (of patient) if over 11yrs of age	
Date	

I agree that I will treat all information confidentially and will not disclose this information to any third party without the express permission of the person named as the patient above. I will only use this information in the best interests of the patient.

Signature (of nominated individual)	
Date	